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ABSTRACT

The goal of this project was to develop, establish, and implement a system for the educational development of health care team members of the St. Joseph region in emergency and coronary care. Programs, curricula, and evaluation methodology were devised for four levels of critical care personnel: R.N.s emphasizing emergency and coronary care; L.P.N.s emphasizing emergency and coronary care; E.M.T.s as required for state licensure; and M.E.M.T.s based upon approved state curricula. A system for the continuing education of professional and nonprofessional personnel in these two areas was also developed and implemented. Program methodology and detailed curriculum and course descriptions are included in this report. (LBH)

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PROJECT # 138

CORONARY CARE EDUCATION OF HEALTH CARE TEAM

FINAL REPORT

June 30, 1976

HE 004 331

PROJECT # 138

CORONARY CARE EDUCATION OF HEALTH CARE TEAM

FINAL REPORT

June 30, 1976

GOAL:

DEVELOP, ESTABLISH, AND IMPLEMENT A SYSTEM FOR THE EDUCATIONAL DEVELOPMENT OF HEALTH CARE TEAM MEMBERS OF THE ST. JOSEPH REGION IN EMERGENCY CARE AND CORONARY CARE, IN ORDER TO PROVIDE FOR THE HIGHEST QUALITY OF CRITICAL HEALTH CARE.

OBJECTIVES:

1. TO DEVELOP PROGRAM, CURRICULA, AND EVALUATION METHODOLOGY FOR FOUR LEVELS OF CRITICAL CARE PERSONNEL AS FOLLOWS:

   a) R.N.s EMPHASIZING EMERGENCY CARE AND CORONARY CARE
   b) L.P.N.s EMPHASIZING EMERGENCY CARE AND CORONARY CARE
   c) E.M.T.s AS REQUIRED FOR STATE LICENSURE
   d) M.E.M.T.s BASED UPON APPROVED STATE CURRICULA

2. TO CONDUCT THE FOUR CRITICAL CARE COURSES AS STATED IN OBJECTIVE NO. 1.

3. TO DEVELOP AND IMPLEMENT A SYSTEM FOR THE CONTINUING EDUCATION OF PROFESSIONAL AND NON-PROFESSIONAL PERSONNEL IN EMERGENCY CARE AND CORONARY CARE.

METHODOLOGY:

QUALIFIED PERSONNEL WHO SHARE IN THE INTEREST AND CONCERN FOR THE PROJECT WILL BE INSTRUMENTAL IN THE ACHIEVEMENT OF THE OBJECTIVES OF THIS PROJECT. THESE INSTRUCTORS WILL BE RESPONSIBLE FOR THE DEVELOPMENT, ESTABLISHMENT, IMPLEMENTATION, REVIEW, AND DIRECT TEACHING OF THE EDUCATIONAL COURSES CONDUCTED. AUDIOVISUAL AIDS WHICH WILL ENABLE STUDENTS TO EXPERIENCE QUALITY INSTRUCTION WILL BE UTILIZED IN TEACHING THE STUDENTS. FORMAL TRAINING CLASSES WILL BE HELD AT ST. JOSEPH HOSPITAL, UTILIZING THE CLINICAL FACILITIES OF THE HOSPITAL. OTHER HEALTH AGENCY FACILITIES WILL BE UTILIZED AS NEEDED. CONTINUING EDUCATIONAL PROGRAMS WILL BE HELD AT ST. JOSEPH HOSPITAL AS WELL AS IN OUTLYING REGIONAL FACILITIES.

PROJECT # 138

CORONARY CARE EDUCATION OF HEALTH CARE TEAM

FINAL REPORT

JUNE 30, 1976

PROJECT PLANNING:

The original need for this Health Initiative project was identified in the spring of 1974 through an evaluation of two areas of concern: 1) availability of coronary and emergency care, emergency medical technician and mobile emergency medical technician educational programs in this region, and 2) the present and future expansions of hospital and health facilities in the region in the areas of coronary care and trauma care.

The identification and evaluation of needs in coronary care and trauma care precipitated the original project proposal, its established goal and objectives.

Continuation for funding of the project was sought for Fiscal Year 1975 because it was clearly evident that the two areas of concern were to continue and the response to the educational programs so overwhelmingly exceeded our expectations. Programs and curricula previously developed for use were reviewed to define the roles of members of the emergency medical service health care team.

At the same time, the Mo-Kan and Northwest Missouri Regional Planning Councils were the recipients of a Section 1202 Planning Grant, the Emergency Medical Services Act. An Emergency Medical Services Council was established and two of the projects of the E.M.S. Council were to develop a feasibility study and a Emergency Medical Services Plan.

The feasibility study of the ten county region clearly indicated that in the area of health manpower there was a real need for more registered and licensed practical nurses trained in coronary care and trauma care and that additional training should be available at the Emergency Medical Technician and Mobile Emergency Medical Technician levels for ambulance attendants.

The status of training in the region showed that St. Joseph Hospital alone provided a critical care nursing program in the areas of coronary care and emergency care on an ongoing basis. Also the health manpower educational program for Mobile Emergency Medical Technicians at St. Joseph Hospital was the only one existing in the region. Again, St. Joseph Hospital offered for Emergency Medical Technicians the only ongoing training program in the region.

The Needs and Recommendations for training as stated in the E.M.S. Plan for the Northwest Missouri Region were that the demand for EMT and MEMT training is far in excess of the number of available courses and that the Critical Care Nursing course continue to be offered in the region.

The accuracy of these studies can be documented in that the request for training in the four levels of Emergency Medical Services; Critical Care Nursing for Registered Nurses, and Licensed Practical Nurses, Mobile Emergency Medical Technicians and Emergency Medical Technicians, continually are made of this Health Manpower Education Project from, in particular, seven hospitals in this area and over twenty-five ambulance services throughout the region, as well as public safety, educational, military, National Guard, First responder and various other allied health agencies.

In fact, requests are of such a volume that, if possible, we could have run training programs back to back for an indefinite length of time.

Having a special commitment, in particular, to the Critical Care Services, St. Joseph Hospital expanded its Critical Care facilities from a 5-bed combination Critical Care Unit-Intensive Care Unit, to a new 8-bed Coronary Care Unit and an 8-bed Intensive Care Unit. The 4-bed emergency-out-patient unit was replaced with a new Emergency Center with an 11-bed capacity, capable of handling up to twenty-five patients as the result of a multiple casualty situation. The Ambulance Department has been developed into a first class Mobile Emergency Services staffed entirely by Mobile Emergency Medical Technicians and Emergency Medical Technicians with full bio-telemetry capability.

An assessment of resources for continuing a Health Manpower Educational Project were made prior to the original grant application. The resources available in this institution and other area institutions were reassessed, plus a recognition of new human resources that could nothing but compliment and enhance the existing program.

PROJECT ACCOMPLISHMENTS:

The original project goal and objectives of this Health initiative were accomplished in the first year of funding. During this past year, the same goals and objectives plus the secondary objectives of: 1) training Emergency Medical Technicians for placement in positions of Critical Care areas, 2) recruiting inactive nurses into an employed status, working in the Critical Care areas, and 3) continuing outreach seminars in basic cardiology and patient assessment, were again accomplished and far exceeded our expectations. From December 1 of 1974 through June 30 of 1976, this Health Manpower Training Educational Project has trained 41 registered nurses and 7 licensed practical nurses in Critical Care nursing. One Hundred Forty-six Emergency Medical Technicians have been trained and 68 Mobile Emergency Medical Technicians have completed that training program. Forty health professionals were trained in the continuing educational Basic Cardiology Course and 32 were trained in the continuing educational Patient Assessment Courses.

This total number of health care personnel, 334, far exceeded the numbers stated both in the first and second year activity summaries. Through the programs offered by the project, it is now possible for many regional ambulance services and hospitals to staff their units with qualified personnel, whereas, it was not before feasible.

We feel that the specific activity which led to goal attainment in all areas were, 1) the quality of health personnel who served as instructors and role models in didactic and clinical areas, 2) the enthusiastic and overwhelming support given to this program by the Missouri Regional Medical Program and the Board of Directors and Administration of St. Joseph Hospital. The latter has

more than matched the funding received in the grant and has been most generous in equipping the new Critical Care areas and providing competent staff.

The physicians, nurses and other allied professionals have been most supportive and actually anxious to participate in these programs mainly because of their strong belief in the health initiative's viability and outcome.

Health and other related agencies that initially sent health care team personnel to these courses have consistently repeated requests for additional training for other members of their agencies.

It might be added that the most recent survey shows that over 90% of the trainees at all four levels have continued employment with their sponsoring agencies or other health agencies in this region.

A very visable indication that we are meeting our goals occurred in the second year of the project. We felt that our Health Initiative had truly become a regional training program. While in the first year we did attract students from an 80-mile radius; during this second year, the radius was extended to 120 miles and most students were from outside the St. Joseph community, whereas, in the first year, most of the students were from the immediate St. Joseph area. It is projected, from the inquiries and applications, that this trend will continue and that we will truly be meeting the needs not only of the St. Joseph area, but of the whole region of Northwest Missouri.

The equipment that was purchased in the first year of this project has proven itself in all levels of courses to be of maximum effectiveness and efficiency. If it were necessary to initiate this project again, without a doubt the very same equipment, be it of the audio-visual or model nature, would be requested. So wisely selected was the teaching equipment selected that it has been extensively utilized both in formal teaching and in individual or small group self-teaching-review situations. In fact, it is almost an understatement to say that the equipment acquired is in constant use.

Probably the most phenomenally successful part of this project has been the successful utilization of Mobile Emergency Medical Technicians in other areas of St. Joseph Hospital besides their primary area in the Mobile Emergency Service Department. When these individuals are not actually engaged in pre-hospital care, they spend their time in the Emergency Department, Coronary Care Unit, Intensive Care Unit and Post-Anesthesia Recovery Unit. The effectiveness of this arrangement has been three-fold: 1) it has augmented the nursing personnel shortages. 2) It has provided a means of keeping the Mobile Emergency Medical Technicians updated on skills and procedures used in pre-hospital care and forms the basis for an ongoing continuing education program. 3) This arrangement has produced what could be called a "comfortable professional rapport". When the Mobile Emergency Medical Technicians are participating in pre-hospital care, through telemetry they are communicating and working with base station health personnel (doctors and nurses) who they also have just come from physically working side by side with. The base station personnel are more comfortable in dealing with individuals of whom they know their degree expertise and the reverse can be said for the Mobile Emergency Medical Technicians at the scene.

COST BENEFITS:

The cost benefits of the St. Joseph Hospital Health Manpower Educational Project probably have been most realized by the sponsoring agencies and the students themselves. Because of the grant funding and matched funding of St. Joseph Hospital, we were able to offer the courses at a cost that was well within the ability of the agencies to pay or well within the ability of individuals to pay for themselves. Another cost benefit of this project has been that staff and consultants have had the opportunity to attend regional, state and national workshops, seminars and symposiums to better equip them to function and contribute to this particular Health Initiative.

Indirect cost benefit of this project probably cannot be documented, but one could speculate that such an example would be that communities of this region are now being provided better health for their citizens, both pre-hospital and hospitalwise without an astronomical increase in payment for improved quality of care.

PROJECT REVISION:

Basically, we would not revise our project. Minor necessary revisions have been an ongoing factor throughout the funding period. If we did make any major revisions, it would probably be in the area of taking the project out into the region and tailoring it to the peculiar needs which would differ for each group of health care teams.

ADVISORY GROUPS:

No established advisory group was had for this Health Initiative. Advisory functions were ongoing, in particular as part of the role of the staff positions in this institution as indicated on the organizational chart.

OTHER REGIONAL ACTIVITIES:

The two most outstanding activities, one in this region and one in another region of the state, as a result of our Health Initiative, has been the establishment of the Emergency Medical Technician and the Mobile Emergency Medical Technician training programs at Trenton Community College, Trenton, Missouri; utilizing our curricula and availing that program of our clinical facilities here at St. Joseph Hospital for the trainees. The second activity worth noting is that St. Joseph Hospital and Missouri Western State College in St. Joseph, Missouri, are now establishing an associate degree program in emergency medical technology. This program will be somewhat unique in that the emergency medical technician course and the mobile emergency medical technician course will continue to be controlled by and conducted at St. Joseph Hospital, while the general and required educational courses will be taken by the student at the College. Missouri Western State College has a 2+2 program, which means that if you receive two associate degrees in related fields, you are awarded a Bachelor's Degree. The Associate Degree in Emergency Medical Technology will be accepted as a related field in such areas as nursing, law enforcement, recreation, physical education and medical technology.

PROJECT EVALUATION:

Two evaluation methodology tools have been used throughout this project year, one being informal evaluation of the performance, i.e. achievement of clinical expertise, of students after they complete the course which is done by the instructors in communicating with the various agencies and with the members of the various practicing health diciplines involved. The other tool of evaluation has been, of course, final examinations, state board and regional registry examinations for licensure.

Area Agencies and Institutions have had a good working relationship with this project and cooperated in the following ways in particular:

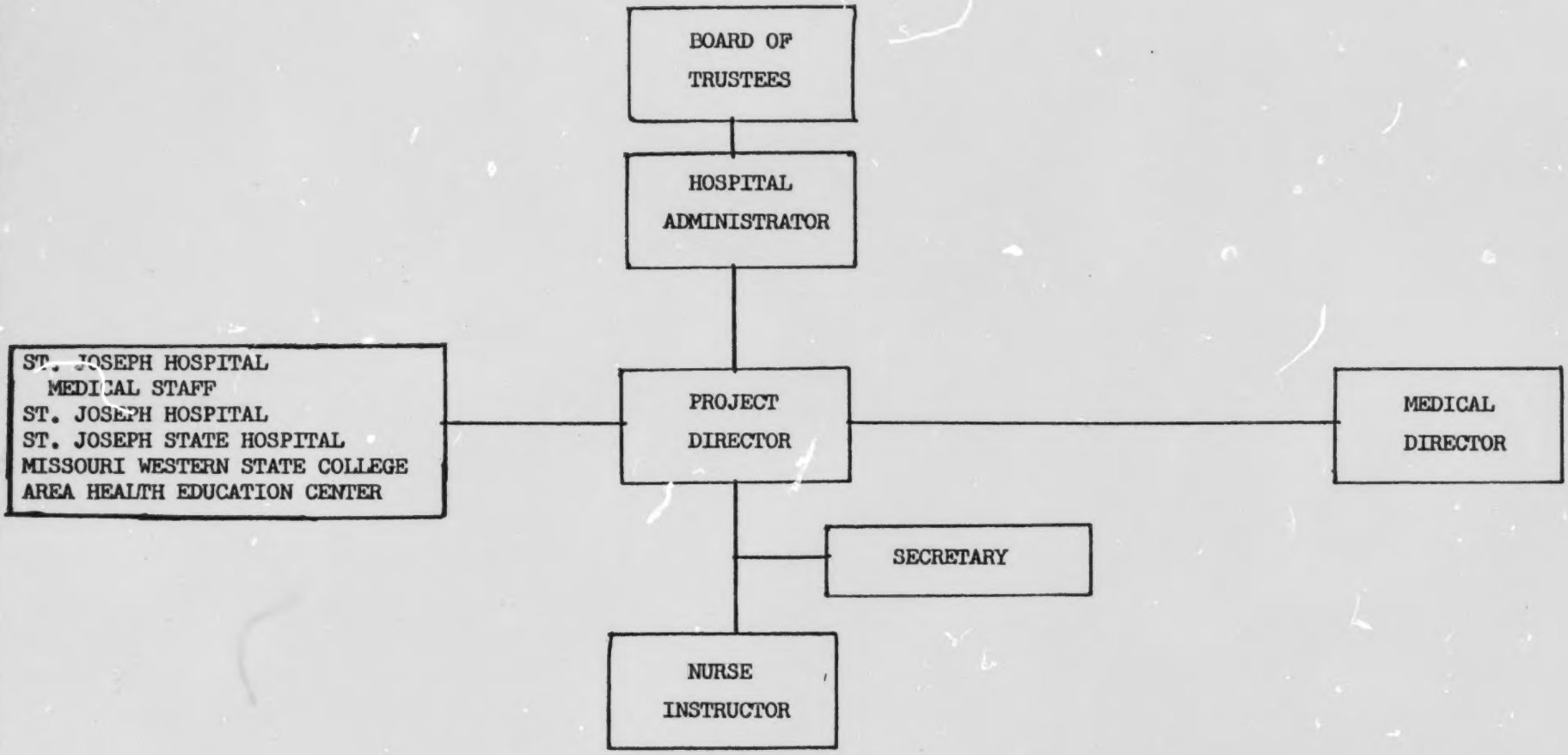
American Heart Association:	Donating or loaning educational pamphlets, films and audio-visual aids.
Missouri Western College:	Loaning audio-visual aids and their faculty members serving to help formulate programs and interest.
Area Health Education Center:	Consultation services on developing programs and aid in acquiring regional health personnel to serve as instructors.
St. Francis Hospital: Maryville, Missouri	Use of clinical facilities for Emergency Medical Technicians' clinical experience.
Spelman Memorial Hospital: Smithville, Missouri	Use of clinical facilities for Mobile Emergency Medical Technicians and Emergency Medical Technicians training.

Other area agencies that certainly have supported and contributed in various ways to this project would be the Mo-Kan Comprehensive Health Planning Council, the Regional Law Enforcement Council and the Northwest Missouri Emergency Medical Services Council.

PROJECT # 138

CORONARY CARE EDUCATION OF HEALTH CARE TEAM MEMBERS

ORGANIZATIONAL CHART



PROJECT # 138

CORONARY CARE EDUCATION OF HEALTH CARE TEAM

STAFF - July 1976 - June 1975

Name	Position	Salary	Fringe Benefits
* James R. Schellhorn, R.N.	Project Director	$ 9,798.00	$ 775.02
Lorene Massa, R.N.	Project Director	7,000.02	900.00
Helen Conner	Secretary	2,960.00	Contributed
Lora M. Phillips	Secretary	1,800.00	Contributed
Evan A. Peterson, M.D.	Medical Director	1,200.00	None
* Edward H. Andres, M.D.	Medical Director	Contributed	None
Margaret Williams, R.N.	Nurse Instructor	2,341.55	Contributed
Betty Downey, R.N.	Nurse Instructor	927.63	Contributed
Charles Scott, EMT	Instructor	15.00	Contributed
Robert Bangerter, MEMT	Instructor	21.00	Contributed
Patrick Grove, MEMT	Instructor	21.00	Contributed
Patrick Kelly, MEMT	Instructor	12.00	Contributed
Robert Kieber, MEMT	Instructor	12.00	Contributed

* Positions effective as of January 1976

COST SHARING CONTRIBUTION:

In addition to the funding made available through the project grant, the following contributions have been made by other agencies:

	ITEM	COST
St. Joseph Hospital	Space and Utilities	$ 5,244.60
	Purchasing Department	200.00
	Housekeeping Department	200.00
	Data Processing Department	150.00
	Central Supply	150.00
	Accounting Department	290.00
Missouri Heart Association	Educational Pamphlets Films Audio-Visual Aids	All was donated or loaned by Missouri Heart Association

There have been many health personnel who have contributed to the success of the programs, through their input in lecturing, consultation, conferences, clinical instruction and supportive services. The following is a listing of those personnel. (A double asterisk indicates that a partial financial stipend was given them for their time. A single asterisk indicates financial stipend was given for their time.)

NAME	TITLE	AMOUNT OF TIME	AGENCY
Mary Alice Hartigan, R.N.	O.R. Nurse	40 Hours	St. Joseph Hospital **
JoAnn Pickerel, R.N.	Med-Surg Supervisor	60 Hours	St. Joseph Hospital **
Frieda Grimm, R.N.	Health Care Educator	14 Hours	St. Joseph Hospital **
Frank Withers	Chief Respiratory Therapist	35 Hours	St. Joseph Hospital
William Crittenden	Chaplain	10 Hours	St. Joseph Hospital **
Gene Henson	MEMT	5 Hours	St. Joseph Hospital
Mike Fuller	MEMT	98 Hours	St. Joseph Hospital **
Mary Shanbour, R.N.	Emergency Dept.	100 Hours	St. Joseph Hospital
Shirley Hocking, R.N.	Coronary Care Unit	160 Hours	St. Joseph Hospital
Hazel Meade, R.N.	Nursing Service Supr.	60 Hours	St. Joseph Hospital
Charles Scott	EMT	30 Hours	St. Joseph Hospital **
Bob Kieber	EMT	30 Hours	St. Joseph Hospital **
Jack Peery	MEMT	30 Hours	St. Joseph Hospital **
Patrick Kelly	MEMT	30 Hours	St. Joseph Hospital **
Bob Bangerter	MEMT	30 Hours	St. Joseph Hospital **
Georgeanne Grove, R.N.	Coronary Clinician	9 Hours	St. Joseph Hospital
Carol Hartigan, R.N.	Coronary Clinician	15 Hours	St. Joseph Hospital
Mary Ann Lawhon, R.N.	Emergency Dept.	30 Hours	St. Joseph Hospital
Betty Downey, R.N.	Special Care Unit Supr.	60 Hours	St. Joseph Hospital
Donna Marr, R.N.	Nursing Services Supr.	60 Hours	St. Joseph Hospital **
Arlene Meeks	Social Service Director	2 Hours	St. Joseph Hospital
Brenda Tracy, R.N.	Inservice Instructor	1 Hour	St. Joseph Hospital
Mary Burtener, R.P.T.	Physical Therapist	1 Hour	St. Joseph Hospital
Margaret Trapp, R.N.	Nursing Service Supr.	30 Hours	St. Joseph Hospital
Virginia Schmitt, R.N.	Nursing Service Supr.	30 Hours	St. Joseph Hospital
Mary Ann Reinert, R.N.	O.R. Supervisor	40 Hours	St. Joseph Hospital
Norma Bravo, R.N.	Post Anesthesia	160 Hours	St. Joseph Hospital
Pam Nold, R.N.	R.N.-Doctors Office	2 Hours	Dr. Potters' Office *
Betty Noyes, R.N.	C.R.N.A.	10 Hours	TBK Clinic *

NAME	TITLE	AMOUNT OF TIME	AGENCY
York Silliman, M.D.	Pathologist	4 Hours	St. Joseph Hospital
Martin Fischer, M.D.	Surgeon	10 Hours	TBK Clinic *
Vikor Partamian, M.D.	Urologist	1 Hour	TBK Clinic *
Richard Maginn, M.D.	Family Practitioner	3 Hours	Private Practice
Gregg Thompson, M.D.	Pediatrician	3 Hours	TBK Clinic *
Donald Stallard, M.D.	Internist	3 Hours	TBK Clinic *
Edward Andres, M.D.	Surgeon	16 Hours	TBK Clinic *
Charles Willman, M.D.	Surgeon	10 Hours	Private Practice *
John Mothershead, M.D.	Family Practitioner	2 Hours	Private Practice *
Gordon Eller, M.D.	Orthopedist	3 Hours	TBK Clinic *
James Marston, M.D.	Obstetrics-Gynecology	2 Hours	TBK Clinic *
Julius Sheppard, M.D.	Orthopedist	2 Hours	TBK Clinic *
Edward Beheler, M.D.	Surgeon	2 Hours	Private Practice *
William Challener, M.D.	Internist	2 Hours	TBK Clinic *
Robert Stuber, M.D.	Internist	3 Hours	Private Practice *
Lucien Ide, M.D.	Internist	6 Hours	TBK Clinic *
Charles Mullican, M.D.	Internist	3 Hours	Private Practice *
Ernest Weinand, M.D.	Surgeon	1 Hour	TBK Clinic *
Gordon Paulson, M.D.	Internist	1 Hour	Private Practice *
William Ames, M.D.	Internist	1 Hour	TBK Clinic *
John McDaniel, M.D.	Surgeon	1 Hour	TBK Clinic *
Byron Smith, M.D.	Surgeon	8 Hours	St. Luke Hospital KCMo.*
Stephen Leslie, M.D.	Pediatrician	6 Hours	Childrens Mercy Hosp. Kansas City, Mo. *
Wallace McDonald, M.D.	Internist	10 Hours	Private Practice
James Evans	Asst. Administrator	6 Hours	St. Joseph Hospital **
James Nadolski	MEMT	30 Hours	St. Joseph Hospital
Faye Eckart, R.N.	Intensive Care Unit	80 Hours	St. Joseph Hospital
Kathleen Andrews, R.N.	Coronary Clinician	160 Hours	St. Joseph Hospital **
Mark Whitacre	MEMT	30 Hours	St. Joseph Hospital **
Robert Norton	EMT	15 Hours	St. Joseph Hospital **
John Coil	MEMT	15 Hours	St. Joseph Hospital **
William Brinton	MEMT	15 Hours	St. Joseph Hospital **
Ann Cochran, R.N.	Instructor	10 Hours	St. Joseph State Hosp. *
Carol Bower, R.N.	Instructor	10 Hours	St. Joseph State Hosp. *
Mary Lilluck, R.N.	Instructor	10 Hours	Kans. Univ. Med. Center*
Sylvia Amborn, R.N.	Instructor	10 Hours	Kans. Univ. Med. Center*
Dina D'Addio, R.N.	Instructor	10 Hours	Kans. Univ. Med. Center*
Helen Conners, R.N.	Nurse Docent	10 Hours	Univ. Mo. K.C.Mo. *
Ron Eggleston	Chief Respiratory Therapist	4 Hours	Methodist Med. Center *
Doris Wood, R.N.	Instructor	10 Hours	Mo. West. State College*
Pat Schumacher	Dir. Nursing Service	10 Hours	St. Joseph State Hosp.*

PROJECT # 138

CORONARY CARE EDUCATION OF HEALTH CARE TEAM

EQUIPMENT PURCHASES

The following equipment was purchased by Project # 138 during the first months of operation. It has been used during the entire grant period to insure maximum teaching effectiveness and efficiency up to the end of this funding period. No new equipment has been purchased to date, but additional equipment is going to be needed as we continue this Health initiative.

EQUIPMENT	COST	USE
1 Blackboard	$ 120.00	Classroom purposes-teaching & display
1 Presentation Easel	65.75	Classroom purposes-teaching & display
1 Cassette Recorder & Carousel Projector	425.00	Show slides and audio tapes and make tapes
1 Electric Typewriter	464.00	Office equipment
22 Classroom Desks	1,263.00	Classroom purposes
1 Camera	35.00	Making slides
1 Projection Screen	62.00	Classroom purposes
Office Equipment	923.00	
1 Mr. Catheter (manikin)	235.00	Teach male catheterization
Plastic Cadaver	2,222.00	Teach Anatomy
Adult Intubation Model	435.00	Teach Intubation
Infant Intubation Model	145.00	Teach Intubation
IM Hip (manikin)	210.00	Teach technique of administering intramuscular medications.
Rocom Medical Skills Library & Rocom Updating	455.00 858.75	Slides and Tapes used to teach topics related to coronary care
Brady Multimedia Program on Emergency Care		Slides and audio tapes used to teach topics related to trauma
Resuscitation Manikin with meters	719.00	Used to teach technique of Cardio-pulmonary resuscitation.
Imitation Wound Kit	130.00	Used to teach emergency measures.

ST. JOSEPH HOSPITAL

MISSOURI REGIONAL MEDICAL PROGRAM

MOBILE EMERGENCY MEDICAL TECHNICIAN COURSE

EMT-A COURSE CURRICULUM

PART I. EMERGENCY MEDICAL TECHNICIAN - AMBULANCE TRAINING PROGRAM
(Department of Transportation, 81 hour Basic Training Course)

COURSE OBJECTIVES:

To teach students the overall roles and responsibilities of the Emergency Medical Technician in performing both the emergency care and operational aspects of his job.

To develop student skill in diagnosis and all emergency treatment procedures short of those rendered by physicians or by paramedical personnel under the direct supervision of a physician.

To develop student skill in the use of and care for all equipment required to accomplish his job.

COURSE HOURS:

Didactic	71
Clinical	19
Total	90

COURSE TEXT:

"Emergency Care" by Harvey Grant and Robert Murray - Robert J. Brady Company, 1971.

COURSE COORDINATOR AND INSTRUCTORS:

Licensed Doctors, Registered Nurses, Respiratory Therapists, Physio-Therapists and Registered Emergency Medical Technicians - Ambulance.

COURSE PRE-REQUISITES:

Individuals involved in giving emergency medical care service and/or being prepared to give emergency care in ambulance or emergency service units.

Individuals should be able to meet requirements for licensure in their respective states and local areas of employment.

COURSE CONTENT:

The Emergency Medical Technician (EMT) - His Role, Responsibilities and Equipment.
Airway Obstruction and Pulmonary Arrest.
Mechanical Aids to Breathing and Pulmonary Resuscitation.
Cardiac Arrest.
Bleeding, Shock, and Practice on Airway Care, Pulmonary Resuscitation, and Cardiopulmonary Resuscitation.
Practice, Test, and Evaluation—Airway Care, Pulmonary Arrest, Cardiac Arrest, Bleeding, and Shock.
Wounds.
Fractures of the Upper Extremity.
Fractures of the Lower Extremity.
Injuries of the Head, Face, Neck, and Spine.
Injuries to the Eye, Chest, Abdomen, Pelvis, Genitalia.
Practice, Test, and Evaluation - Injuries I.
Practice, Test, and Evaluation - Injuries II.
Medical Emergencies - I
Medical Emergencies - II.
Childbirth and Problems of Child Patients.
Lifting and Moving Patients.
Practice, Test, and Evaluation - Medical Emergencies, Emergency Childbirth, Lifting, and Moving.
Environmental Emergencies.
Extrication from Automobiles.
Operations - Driving an Emergency Vehicle, Maintaining a Safe and Ready Vehicle, Records and Reports, Communications and Procedures at Hospital Emergency Rooms.
Responding to an Ambulance Call.
Situational Review
Final Written Test.
Final Practical Evaluation of Skills.

LESSON OBJECTIVES:

1. The Emergency Medical Technician (EMT) - His Role, Responsibilities, and Equipment. 3 Hours

   Inform the student of:
   - Course objectives.
   - Scope.
   - Procedures.
   - Requirements for satisfactory completion.

   Provide an overview of the roles and responsibilities of the EMT:
   - Prompt and efficient care of the patient.
   - Control of the accident scene.
   - Light extrication and preparation of the patient for transport.
   - Safe and efficient transport.
   - Orderly transfer of the patient and patient information to the hospital emergency department.
   - Communications.
   - Reporting and recordkeeping.
   - Vehicle and equipment care.

   Explain legal aspects relating to emergency care.

   Familiarize the student with the ambulance and its equipment.

   Provide an overview of anatomy and physiology.

2. Airway Obstruction and Pulmonary Arrest. 3 Hours

   Develop a basic understanding of:
   - Mechanics of respiration.
   - Importance of oxygen to body functioning.
   - Signs of airway obstruction.
   - Manual techniques of airway care.
   - Manual techniques of pulmonary resuscitation.
   - Anatomy of laryngectomy and tracheostomy patients.
   - Resuscitation of laryngectomy and tracheostomy patients.

   Teach the following skills:
   - Manual techniques of airway care.
   - Mouth-to-mouth (nose) technique of pulmonary resuscitation.
   - Chest-pressure arm-lift (Sylvester) method of pulmonary resuscitation.
   - Back-pressure arm-lift (Holger-Neilson method of pulmonary resuscitation.

3. Mechanical Aids to Breathing and Pulmonary Resuscitation. 3 Hours

   Develop a working knowledge of operation and use of:
   - Mechanical aids to breathing.
   - Mechanical aids to pulmonary resuscitation.

   Teach the following skills:
   - Use of two-way (S-shaped) airways.
   - Use of bag-mask resuscitator.
   - Use of oropharyngeal airways.
   - Use of suction unit.
   - Use of oxygen equipment.

4. Cardiac Arrest 3 Hours

Develop a basic understanding of:
- Mechanics of circulation.
- Importance of oxygen to body functioning.
- Technique of determining blood pressure.
- Signs of cardiac arrest.
- Technique of cardiopulmonary resuscitation.
- Dangers to the patient if cardiopulmonary resuscitation is delayed or performed incorrectly.

Teach the following skills:
- Cardiopulmonary resuscitation by a lone rescuers.
- Cardiopulmonary resuscitation by a team of rescuers.
- Determination of blood pressure.

5. Bleeding, Shock, and Practice on Airway Care, Pulmonary Resuscitation and Cardiopulmonary Resuscitation. 3 Hours

Develop a basic understanding of:
- Mechanics of circulation.
- Signs of external bleeding: artery, vein, capillary.
- Signs of internal bleeding.
- Signs of shock.
- Use of pressure dressings to control bleeding.
- Use of pressure points to control bleeding.
- Use of inflatable splints to control bleeding.
- Dangers and use of tourniquets in controlling bleeding.
- Importance of preventing shock and techniques of caring for the patient in shock.
- Intravenous therapy.

Teach the following skills:
- Location of carotid, temporal, femoral, brachial, and radial arteries.
- Control of bleeding by a pressure dressing.
- Application of inflatable splints to arm and leg.

Provide additional practice in:
- Airway care.
- Pulmonary resuscitation.
- Cardiopulmonary resuscitation.
- Determination of blood pressure.

6. Practice, Test, and Evaluation--Airway Care, Pulmonary Arrest, Cardiac Arrest, Bleeding and Shock. 3 Hours

Test basic knowledges and skills associated with:
- Airway care.
- Pulmonary arrest.
- Cardiac arrest.
- Bleeding.
- Shock.

Provide practice and evaluate the following skills:
- Use of suction equipment.
- Use of oxygen equipment.
- Pulmonary resuscitation using the bag-mask resuscitator.
- Cardiopulmonary resuscitation by a single rescuer.
- Cardiopulmonary resuscitation by a team of rescuers.
- Determination of Blood Pressure.

7. Wounds — 3 Hours

Develop the following knowledges:
- Signs and significance of various wound types.
- Causes and danger of infection in open wounds.
- Basic care of wounds.
- Techniques of dressing and bandaging wounds.

Develop skill in dressing and bandaging the following body parts:
- Extremities
- Forehead and scalp.
- Neck.
- Shoulder.
- Hip.

8. Fractures of the Upper Extremity — 3 Hours

Develop a basic understanding of the following:
- Parts and functions of the musculoskeletal system.
- General concepts of fractures and dislocations.
- Types of splints and general rules for splinting.
- Signs and symptoms of fractures, dislocations and sprains.
- Techniques of immobilizing fractures and dislocations of the upper extremity.

Develop skill in immobilizing and splinting fractures and dislocations of the upper extremity.

9. Fractures of the Lower Extremity — 2 Hours, 30 Minutes

Develop a basic understanding of the following:
- Signs and symptoms of fractures and dislocations of the lower extremity.
- Techniques of immobilizing fractures and dislocations of the lower extremity.

10. Injuries of the Head, Face, Neck, and Spine. — 3 Hours

Develop a basic understanding of the following:
- Elements and functions of the nervous system.
- Signs and symptoms of a spinal fracture.
- General rules of caring for patients with spinal injuries.
- Signs of a skull fracture.
- Techniques of caring for the patient suffering from injuries to the skull and brain.
- Techniques of caring for the patient suffering from injuries to the head, face, and neck.
- Techniques of bandaging the skull, cheek, ear, and jaw.

Develop skills in dressing and bandaging the following injuries:
- Skull fracture.
- Lacerated cheek.
- Avulsed ear.
- Fractured jaw.

Develop skill in immobilizing a fractured neck.

11. Injuries to the Eye, Chest, Abdomen, Pelvis, Genitalia. 3 Hours

Develop a basic understanding of the following:
- Parts and functions of the abdomen, digestive system and genito urinary system.
- Types of injuries to the eye, chest abdomen, pelvis and genitalia.
- Techniques of care for injuries to the eye, chest, abdomen, pelvis and genitalia.

Develop skills in dressing and bandaging the following:
- Eye, with and without a protruding object.
- Sucking chest wound with or without rib fracture.

12. Practice, Test, and Evaluation — Injuries I 3 Hours

Test basic knowledges and skills associated with injuries to various body parts.

Provide practice on and evaluate skills in dressing and bandaging various body parts.

13. Practice, Test, and Evaluation - Injuries II. 2 Hours, 30 minutes

Provide practice on and evaluate skills in immobilizing fractures of the:
- Upper extremity.
- Lower extremity.
- Ribs.
- Neck.

14. Medical Emergencies - I 3 Hours

Develop a basic understanding of the causes, signs, symptoms, and techniques of care of:
- Poison victims.
- Victims of bites and stings.
- Heart attack patients.
- Stroke patients.
- Asthmatic patients.

Provide additional practice in administering:
- Oxygen.
- Cardiopulmonary resuscitation.

15. Medical Emergencies - II 2 Hours

Develop a basic understanding of causes, signs, symptoms, and techniques of care of:
- Diabetic patients.
- Patients suffering from acute abdominal problems.
- Patients with communicable diseases.
- Emotionally disturbed and unruly patients, including alcoholics and patients in a drug stupor.
- Epileptic patients.
- Unconscious patients.

16. Childbirth and Problems of Child Patients 3 Hours

Develop a basic understanding of the following:

Parts of the female anatomy involved in childbirth.
Parts developing during pregnancy.
Obstetrical terms and their meaning.
Equipment and supplies used during emergency childbirth.
Emergency care procedures for various phases and conditions associated with pregnancy and childbirth.
Delivery and care of baby during normal and abnormal births.
Clamping and cutting umbilical cord.
Use of special carrier for premature babies.
Resuscitation of infant.
Procedures for caring for certain childhood problems.

17. Lifting and Moving Patients — 3 Hours

Develop a basic understanding of the following:
Principles of moving and positioning patients for transportation.
Techniques of moving patients from a bed or floor-height surface to a stretcher.
Techniques of moving patients with suspected spinal injuries and immobilizing them on a backboard.
Technique of moving stretchers around narrow corners and down stairways.
Loading stretchers on ambulances, securing them in place, and unloading them.

Teach the following skills:
Two-man lifts from a bed- or floor-height surface to a stretcher.
Immobilizing patient with spinal injuries on backboard.
Loading and unloading stretchers.

18. Practice, Test, and Evaluation - Medical Emergencies, Emergency Childbirth, lifting, and Moving. — 3 Hours

Test basic knowledges and skills associated with:
Poisoning.
Bites and stings.
Heart attack.
Stroke.
Asthmatic states.
Diabetes.
Acute abdomen.
Transporting patients with communicable diseases.
The emotionally disturbed and unruly.
Epilepsy.
The unconscious state.
Emergency childbirth.
Lifting and moving patients.

Provide practice on and evaluate the following skills:
Two-man lifts from a bed- or floor-height surface to a stretcher.
Immobilizing patients with special injuries on backboards.
Cardiopulmonary resuscitation by a lone rescuer.
Cardiopulmonary resuscitation by a member of a team using the bag-mask resuscitator.

19. Environmental Emergencies — 2 Hours, 30 Minutes

Develop a basic understanding of the following:

Estimation of severity of burn.
Techniques of care for the burned patient.
Special dangers of different types of burns—heat, chemical, electrical, radiation.
Signs, symptoms, and techniques of care for the patient suffering from heat cramps, heat exhaustion, heat stroke, and frostbite.
Techniques of rescuing and caring for the drowning person.
Techniques of rescuing and caring for the victim of diving injuries.
Signs, symptoms, and techniques of care for the patient suffering from air embolism, bends, squeeze injuries, oxygen poisoning, and nitrogen poisoning.
Major dangers of explosions.

20. Extrication from Automobiles — 3 Hours

Develop a basic understanding of principles and considerations involved in extricating persons from automobiles.

Teach the following skills:
Techniques of removing patients with suspected spine injuries from automobiles.
Techniques of removing victims from beneath automobiles.

21. Operations—Driving an Emergency Vehicle, Maintaining a Safe and Ready Vehicle, Records and Reports, Communications and Procedures at Hospital Emergency Rooms. — 3 Hours

Develop a basic understanding of the following:
Laws relating to operating an emergency vehicle.
When and how to use emergency privileges.
Procedures for daily inspections of vehicle systems and equipment and inspections to be made after each run.
Information obtained and recorded by EMT's.
Importance of communications and typical communications procedures.
Procedures at hospital emergency rooms.

22. Responding to an Ambulance Call — 2 Hours, 30 Minutes

Develop a basic understanding of the duties and responsibilities of the EMT during the various phases of an ambulance run:
Preplanning considerations while driving to the scene.
Considerations in analyzing the situation upon arrival at the scene.
Procedures for examining patients.
Triage procedures.
Considerations during loading and transport.
Teach the following skill:
Systematic procedures for examining patients.

23. Situational Review — 3 Hours

Provide an opportunity for integration and review of course contents by group discussion of situational examples.

24. Final Written Test — 2 Hours

Test major knowledges taught in the emergency care course.

25. Final Practical Evaluation of Skills. 3 Hours

Evaluate student demonstration of the following skills:

- Setting up, adjusting, and closing down oxygen equipment.
- Bandaging the head, eye, and extremity.
- Cardiopulmonary resuscitation alone and as a member of a team.
- Use of the bag-mask resuscitator.
- Performing an examination for life-threatening problems and a systematic check of injuries.
- Splinting of fracture of the upper extremity.
- Splinting of fracture of the femur.
- Lifting and moving patients from bed- or floor-height surfaces and positioning them on a stretcher.
- Immobilization of the neck and torso of a sitting patient on a short backboard.
- Determining blood pressure.

COURSE - IN HOSPITAL TRAINING OBJECTIVES:

Clinical (In-Hospital) Training consists of observation, demonstration and participation and is designed:

1. To demonstrate the importance and benefits of optimal emergency care, efficient transport and adequate reporting.

2. To emphasize penalties of inadequate care or improper procedures.

3. To familiarize the student with the equipment used, staffing, operating policies and procedures of the department.

4. To have student observe procedures in and develop skills in resuscitation, handling the unconscious, management of the mentally disturbed and unruly, and techniques of delivery and care of both the infant and mother.

5. To keep student abreast of new developments in equipment and emergency care.

6. To have student engage in disaster drills.

Clinical Rotation

	Hours
Emergency Department	7
Intensive Care Unit	6
Ambulance Department	6

Disaster (Multiple Casualties Protocol)

Opportunity is given during the basic EMT-A course for students to participate, either as victims or members of the rescue team, in the hospital's "Plan Yellow" Program practice.

Viewing this program practice as a practical skill in itself, this learning exercise can also be used by the student to help better understand the victims' demeanor in a stress situation.

COURSE - SUPPLEMENTAL TEXTS AND REFERENCE MATERIAL

1. Wonderful Human Machine.
   American Medical Association
   Chicago, Illinois - 1967

2. First Aid for Laryngectomies
   American Cancer Society
   New York, New York - 1971

3. Emergency Victim Care
   Division of Vocational Education
   State Department of Education
   Columbus, Ohio - 1971

4. Advanced First Aid and Emergency Care
   The American National Red Cross
   New York, New York -1973

5. Emergency Care and Transportation of the Sick and Injured
   Committee on Injuries of the American Academy of Orthopaedic Surgeons
   Chicago, Illinois - 1971

6. Definitive Therapy in Cardiopulmonary Resuscitation
   Emergency Measures in Cardiopulmonary Resuscitation
   American Heart Association
   New York, New York - 1964 - 1965

7. The Vital Signs
   M.E. McInnes,
   C.V. Mosby Company
   St. Louis, Missouri - 1970

8. Basic Concepts in Anatomy and Physiology
   C.P. Anthony
   C.V. Mosby Company
   St. Louis, Missouri - 1970

COURSE TRAINING AIDS AND EQUIPMENT

Transparent Imitation Wounds
Ambu-Simulator (CPR)
Skele-Torso
I-M Hip
I-V Arm, Elbow, Hand
Adult Intubation Model
Infant Intubation Model
Arrhythmia Resuscianne
Scoop Stretcher
Hare and Half-Ring Lower Extremity Splints
MAST Life Saving Pantsuit
Long Spine Board
Short Spine Board
Portable Resuscitator
Air Splints
Approved Fully Equipped Ambulance Van
Emergency Care Training - 35 mm Slide Presentation
Medical Skills Film Series

Films:
Pulse of Life
Prescription for Life
Sudden Birth
A Life in Your Hands
A Life on the Line

PART II. MOBILE EMERGENCY MEDICAL TECHNICIAN TRAINING PROGRAM

COURSE PURPOSE:

The MEMT Program is designed to upgrade the skills and knowledge of the EMT-A to a level necessary to render competent and definitive care at the scene of an emergency under the Missouri Ambulance Regulation Law (SB57).

COURSE OBJECTIVES - GENERAL:

To provide the student with a body of knowledge and skills that will enable him to diagnose and treat acutely ill and seriously injured patients under the control and supervision of a licensed physician.

To give the student a deeper understanding of normal life processes, of disturbances to these processes resulting from trauma and illness, and how treatment counteracts these effects.

To teach the student diagnostic and emergency treatment skills necessary to care for the acutely ill and seriously injured, to resuscitate the dying and to stabilize emergency patients' conditions until they can receive more definitive treatment at an appropriate institution.

COURSE PRE-REQUISITES:

Student must have successfully completed the Department of Transportation Basic Training Program for Emergency Medical Technician-Ambulance or an equivalent acceptable course.

Student must be able to meet all requirements for State Certification.

Student must have had experience in an emergency medical service unit.

Student must be acceptable to the St. Joseph Hospital - Regional Medical Program on the basis of the demonstration of moral and ethical qualities.

Student must complete the pre-entrance written application and emergency care examination.

COURSE MEDICAL DIRECTOR:

The MEMT course is conducted under the direction and supervision of the Medical Director who is a licensed physician. He is responsible for the overall technical course coverage and for certifying that individual students have successfully completed the training program.

COURSE COORDINATOR - STUDENT ADVISOR:

The Course Coordinator, Student Advisor, who is a licensed registered nurse, is responsible for the continuity of course coverage, grading, attendance recording, disciplinary control and the primary single contact on the hospital staff.

COURSE CONTENT OUTLINE

Unit I. Introductory Material — 1 Hour

A. Overview of Course
B. Requirements, Materials, etc.
C. Testing
D. Identification of new role

Unit II. Administrative — 2 Hours

A. Medical - legal aspects
B. Records and reports
C. Review radio communications
D. Review driving operations

Unit III. Cardiovascular System — 30 Hours

A. Anatomy of cardiovascular system
B. Physiology of cardiovascular system
C. Systemic circulation
D. Pulmonary circulation
E. Electromorphology of heart
F. Electrophysiology of heart
G. Principles of recording an EKG
H. Use of telemetry equipment
I. Normal and abnormal EKG's
J. Use of monitor and defibrillator
K. Practice in recording the EKG

Unit IV. Respiratory System — 12 Hours

A. Anatomy of respiratory system
B. Physiology of respiratory system
C. Equipment used in respiratory emergencies
D. Emergency support of airway
E. Insertion of nasogastric tube
F. Cardiovascular and Respiratory Written Examination

Unit V. Pharmacology — 18 Hours

A. Aspects of Drug Therapy
B. Actions of Drugs
C. Conversion and computation of drugs
D. Routes and methods of administration
E. Drugs in emergency situations
F. Intravenous fluid therapy
G. Pharmacology written examination

Unit VI. Cardiopulmonary Practical - CCU — 15 Hours

Unit VII. Medical Emergencies — 12 Hours

A. Cardiopulmonary Pathologies
   1. Angina pectoris
   2. Acute myocardial infarction
   3. Congestive heart failure
   4. Chronic obstructive pulmonary disease
   5. Asthma

B. Other Medical Emergencies
   1. Diabetes
   2. Convulsions - seizures
   3. Unconscious patients
   4. Drug Overdose
   5. Psychiatric emergencies
   6. Pediatric emergencies

C. Medical Written Examination

Unit VIII. Surgical Emergencies — 12 Hours

A. Head injuries
B. Spinal cord injuries
C. Shock
D. Abdominal injuries
E. Chest injuries
F. Burn injuries
G. Facial and neck injuries
H. OB-GYN emergencies
I. Peripheral vascular injuries
J. Written examination and practical

Unit IX. Clinical Instruction — 28 Hours

A. Intravenous Fluid Administration	2
B. Cardiopulmonary Resuscitation Review	2
C. Arrhythmia Interpretation and Defibrillation	6
D. Parenteral Injections	6
E. Endotracheal Intubation	8
F. Nasogastric Suctioning	2
G. Pharyngeal and Tracheal Suctioning	2

Unit X. Review sessions will be held before tests and for short periods following a test to review answers.

Unit XI. Evaluation

Evaluation will be in the form of written quizzes and tests. Practice examinations will be completed at the time of clinical instruction and will be evaluated by the physician or nurse instructing that particular clinical or classroom setting.

Unit XII. Clinical Experience — 60 Hours

Clinical laboratory experience will be in areas such as Medical and Surgical Intensive Care Units, Cardiac Care Unit, Operating Room (including Recovery Room), Emergency Department and Ambulance Unit (including communications/telemetry).

COURSE FACULTY:

The faculty will consist of the medical director, the student advisor, the full time medical, nursing and allied professional staffs of St. Joseph Hospital.

In addition, from time to time, regional licensed physicians, nurses and allied professionals will be utilized in the capacity of lecturers and/or consultants.

COURSE SETTING:

Initially, the lecture and clinical portions will take place almost exclusively at St. Joseph Hospital. Clinical laboratory experience will be in areas such as Medical and Surgical Intensive Care Units, Cardiac Care Unit, Operating Room and Emergency Department.

COURSE CURRICULUM:

The curriculum of the MEMT Course will be 245 hours. The basic 71 hour Emergency Medical Technician - Ambulance (DOT) is included in the 245 hour course, leaving a minimum of 175 hours.

COURSE INTRODUCTION: (175 Hour Portion of 245 Hour Course)

A. Overview of Course

The St. Joseph Hospital - Regional Medical Program, Mobile Emergency Medical Technician course will require the student to review and be responsible for all the materials covered in the 71-hour DOT program.

New materials and subjects which will be covered in depth are:

1. Interpretation of life threatening arrhythmias and therapeutic interventions.
2. Pharmacological aspects with emphasis on cardiac drugs that will be used in the ambulance.
3. Principles and practice of endotracheal intubation which will enable the MEMT to provide an airway and prevent aspiration.
4. Principles and practice of inserting a nasogastric tube for aspriation of stomach contents.
5. Administration of intravenous fluids.

These new skills and a greater indepth understanding of emergency situations and care, physical and emotional, will result in better capabilities and potentials for stabilization of the patient at the scene and in transit, thus preserving life.

B. Requirements - Materials

The course lecture material of 87 hours will be offered in a 3 week period, 7 hours a day, 5 days a week.

Materials will consist of four (4) required texts:

Committee on Trauma, Early Care of Injured Patients, American College of Orthopaedic Surgeons, 1972

Sproul/Mullanney, Emergency Care, C. V. Mosby, 1974

Huszar, Robert J., M.D., Emergency Cardiac Care, Robert J. Brady Company, 1974

American Medical Association, The Wonderful Human Machine

Practical and clinical experience will be an additional 88 hours which will be scheduled with the students. Independent selected training schedules will be established for each student, under the supervision of the student advisor, and completed within a 5 week period of time immediately following the lecture sessions.

C. Testing

There will be a total of 6 hours of written tests. The tests will be as follows:

1. Section III and IV:
   3 hour test covering all materials in Cardiovascular and Respiratory Systems.
2. Section V:
   1 hour test covering all materials included in Pharmacology.
3. Section VII:
   1 hour test covering all materials included in Medical Emergencies.

4. Section VIII:
   1 hour test covering all materials included in Surgical Emergencies.
5. State Examination:
   3 hour test covering all materials in entire course, including the 71-hour EMT-A portion.

D. The MEMT will have completed a total of 245 hours of instruction in Emergency Care. This course will enable the student to provide a better quality and more comprehensive care of the patient at the scene and in transit.

The MEMT must recognize that the patient is the first priority in all situations.

The MEMT does not act independently, but as a part of a team which gives total care to the patient.

COURSE - CLINICAL TRAINING GUIDELINES

1. Operating Room

Provide the student with an opportunity to gain practical experience in:
Observing various forms of upper airway obstruction and the manner for overcoming the difficulty.
Observing endotracheal intubation via nose and mouth, and various means for insuring proper placement and use of endotracheal tubes.
Using a largyngoscope and inserting endotracheal tubes (insofar as possible).
Observing and performing assisted and controlled respiration using the anesthesia machine, bag-mask resuscitator and Bird and Emerson ventilators.
Maintaining airways in unconscious patients using manipulations and positioning of head, artificial airways, etc.
Suctioning techniques.
Care of unconscious patients while being transported.
Recognizing some of the basic cardioscopic irregularities, placing electrodes, and running the cardioscope.
IV therapy (largely observation).

2. Recovery Room

Provide the student with an opportunity to gain practical experience in:
Managing unconscious patients, especially in maintaining airways and observing signs of obstruction, cyanosis, etc.
Suctioning techniques, with positioning to prevent aspiration, vomiting.
Observing vital signs and noting their significance; observing signs of hypoxia, shock.
Using hand respirators and observing use of automatic ventilators.
Running cardioscopes, placement of electrodes, observing basic disturbances.
Operating oxygen equipment, using proper mask and catheter technique.

3. Emergency Department

Provide the student with an opportunity to gain practical experience in:
Preparing and administering intramuscular, subcutaneous and intravenous medications, including venous cutdown.
Performing physical examinations, taking and recording vital signs, auscultating heart and lungs, and recording blood pressures.
Recording and marking electrocardiograms.
Assisting in cardiopulmonary resuscitation, establishing an airway, performing endotracheal intubation, and performing defibrillation.
Assisting in control of hemorrhage in suturing and in splinting and bandaging.
Drawing blood samples.
Reviewing treatments for common injuries and medical emergencies.

4. Intensive Care Unit/Coronary Care Unit

Provide the student with an opportunity to gain practical experience in:

- Examining patients, monitoring vital signs, reporting observations, diagnosing and suggesting treatment procedures.
- Performing defibrillations in emergency and/or elective situations.
- Preparing and administering medications by injection and intravenous infusion.
- Monitoring EKG's, applying and changing leads, and interpreting tracings.
- Endotracheal intubation and care.
- Use of respirators.
- IV therapy
  - Starting IV's
  - Maintaining IV's
  - Discontinuing IV's
  - Hanging plasma expanders
  - CVP
  - Direct IV w/soluset medications
- Respiratory care
  - Suctioning techniques
    - Tracheal
    - Endotracheal
    - Nasal/oral
  - Tracheal care
  - Endotracheal intubation and care
  - Assisted and controlled respiration
  - Use of respirators
    - Bird
    - Ambu
  - Thoracic surgery care
    - Use of chest tubes
      - Kelly clamps
      - Milking
      - Checking for crepitus
    - Gomco chest suction
    - Thoracentesis
  - Emergency resuscitation
    - Use of crash cart
    - Crash cart alert system
    - Defibrillation
    - Cardioversion
  - Use of monitoring equipment
    - Application of electrodes
  - Use of O_2 and suction outlets
  - Physical examination
  - Obtaining clinical histories
  - Auscultating heart and/or lungs
  - Recognizing arrhythmias
  - Angiograms
  - Pacemaker implantation
  - Rotating tourniquets
  - Intracardiac injections

5. IV Techniques and Practice

Provide the student with an opportunity to gain practical experience in:

Aseptic techniques
Preparing patient and explaining IV technique
Organizing the IV procedure
Venipuncture using different units

6. Ambulance - Communication/Telemetry

Provide the student with opportunities to practice newly acquired diagnostic and treatment skills in semi-realistic circumstances under direct supervision of instructors.

Conducting physical examination of patients including auscultation and BP measurements.
Operating EKG and telemetry equipment.
Interpreting electrocardiograms
Defibrillating
Preparing and administering medications
Starting and maintaining IV's
Communicating information to hospital-based physicians by radio and receiving authorization and instructions for treatment.
Performing endotracheal intubation, maintaining an airway and conducting cardiopulmonary resuscitation
Completing patient, treatment and operating information reports.
Monitoring operation of hospital telemetry and communication stations.

COURSE TRAINING AIDS AND EQUIPMENT

Ambu-Simulator
Skele-torso
I-M Hip
I-V Arm, Elbow, Hand
Adult Intubation Model
Infant Intubation Model
Arrhythmia Resuscianne
Portable Resuscitator
Mr. Catheter Model
Approved Fully Equipped Ambulance Van with Telemetry
Ambu bag
Suction machines
Suction catheters and equipment
Oral airways
Endotracheal tubes
Nasogastric tubes
Intravenous catheters, tubing and fluids
Vials, ampules
Syringes, needles
Electrocardiogram machine
Portable monitor and defibrillator

Emergency Department Care
A Multimedia Program
Robert J. Brady Company 1974

American College of Physicians
Medical Skills Library - (Rocom)
- Endotracheal Intubation
- Nasogastric Intubation
- Arterial Puncture
- Intensive Coronary Care

Multimedia Learning System 1969

Heart sounds and auscultation
E. Grey Dimond, M.D.
American College of Cardiology Extended Learning

Vectorcardiography
Alberto Benchimol, M.D.

Texas Arrhythmia Slides

Various appropriate films, filmstrips and tapes.

COURSE - SUPPLEMENTAL TEXTS AND REFERENCE MATERIAL (available for student use)

Essentials of Cardiac Arrhythmias
Samuel Bellet,M.D.
W.B. Saunders Co. 1972

Cardiac Arrhythmias
Mary H. Conover
C.V. Mosby Co. 1974

The Cardiac Rhythms
R.E. Phillips and Mary K. Feeney
W.B. Saunders Co. 1973

The Lippincott Manual of Nursing Practice
J.B. Lippincott Co. 1974

The Management of Trauma
Ballinger, Rutherford, Zuidema
W.B. Saunders Co. 1973

Principles and Practice of Intravenous Therapy
Ada Laurence Plumer, R.N.
Little, Brown and Co. 1970

The Cardiac Arrhythmias
Brendan Phibbs
C.V. Mosby Co. 1973

Introduction to Life Support
Mark B. Raven, M.D., Jerome H. Modell, M.D.
Little, Brown and Co. 1973

Immediate Care of the Acutely Ill and Injured
Hugh E. Stephenson, Jr.
C.V. Mosby Co. 1974

Current Drug Handbook
Falconer-Patterson-Gustafson
W.B. Saunders Co. 1974

Emergency Medical Guide
John Henderson, M.D.
McGraw-Hill Book Co. 1973

Management of Medical Emergencies
John C. Sharpe, M.D., Frederick W. Marx, Jr., M.D.
McGraw-Hill Book Co. 1961

Manual of Emergency Pediatrics
Robert Reece, M.D., John W. Chamberlain, M.D.
W.B. Saunders Co. 1974

Encyclopedia and Dictionary of Medicine and Nursing
Miller-Keane
W.B. Saunders Co. 1972

Emergency Room Care
Charles Eckert, M.D.
Little, Brown and Co. 1971

Manual of Surgical Therapeutics
Robert E. Condon and Lloyd M. Nyhus
Little, Brown and Co. 1972

Management of the Injured Patient
Wm. Blakemore and Wm. Fitts, Jr.
Harper & Row, New York, 1969

Early Care of the Injured Patient
Committee on Trauma
American College of Surgeons
W. B. Saunders Co. 1972

Legal Implications of Emergency Care
Neil L. Chayet
Appleton-Century-Crofts, New York 1969

Textbook of Anatomy and Physiology
Catherine P. Anthony and Norma J. Kolthoff
C.V. Mosby Co. 1974

Units I and II

Lesson/Subject	Objectives	Contents	Reading Assignments	Teaching Methods
#1 Introduction and Administration	At the completion of this unit, the student must be able to demonstrate the following behaviors:	I. Introductory Material A. Overview of Course B. Requirements, Materials, etc. C. Testing D. Identification of new role		
	Define what is meant by medical-legal aspects including:	II. Administrative A. Medical - Legal Aspects	Sproul & Mullanney, Chapter 3.	
	General consents	1. Consents a. Minors b. Unconscious patients		
	Police holds	2. Police holds		
	Patients rights	3. Patient Rights		
	Use of restraints	4. Restraints		
	Handling possessions	5. Possessions		
	Reporting battered child	6. Battered child		
	Handling of rape victims	7. Rape victims		
	Define: Good samaritan Assault and battery False imprisonment Invasion of privacy Slander Libel Negligence Ethical behavior Malpractice	8. Legal Terminology a. Good samaritan b. Assault and battery c. False imprisonment d. Invasion of privacy e. Slander f. Libel g. Negligence h. Ethical behavior i. Malpractice		

Lesson/Subject	Objectives	Contents	Reading Assignments	Teaching Methods
Introduction and Administration (cont'd)	List information pertinent to the care of the patient at the scene and in transit. Describe the procedure of transmitting information by radio. List extrication equipment and identify proper usages.	B. Records and Reports 1. Proper forms 2. Proper charting a. Vital signs b. Pertinent observations c. Legal implications C. Review of Radio Communications 1. Transmitting vital information 2. FCC regulations D. Review of Operations 1. Driving emergency vehicle 2. Ambulance maintenance 3. Extrication and other equipment		

sson/Subject	Objectives	Contents	Reading Assignments	Teaching Methods
2 Cardiovascular System	At the completion of this unit, the student must be able to demonstrate the following behaviors:	III. Cardiovascular System		
	Label all major structures that comprise the circulatory system.	A. Anatomy of cardiovascular system 1. Major structures of the heart		Schematic Drawings Texas Slides #1-9
	Describe the physiologic action of the heart.	B. Physiology of cardiovascular system	Huszar, R.J. Chapter 1	Heart Model
	Trace the circulation from right atrium to right atrium.	C. Systemic Circulation 1. Circulation from right atrium to right atrium.	Wonderful Human Machine, Part IV	Schematic Drawing
	Trace the pulmonary circulation from pulmonary artery to lungs.	D. Pulmonary Circulation		
	Trace the conduction pathways of the heart.	E. Electromorphology of the heart 1. Properties of Cardiac Muscles 2. Conduction system		Texas Slides #10-16
	Electrophysiology of the heart: List the pacemaker sites. Describe the innervation of the heart related to the sympathetic and parasympathetic nerves. Define polarization, depolarization and repolarization. Label the electrical waves of a normal EKG.	F. Electrophysiology of the Heart 1. Pacemaker sites 2. Innervation of the Heart 3. Electrical and chemical phenomena of the heart a. Recording electrical activity b. The 12 lead EKG c. Analysis of the EKG 1) Measurements, calculations and observations	Huszar, R.J. Chapter 6, 7, 16	Texas Slides #17-85 Heart Model

sson/Subject	Objectives	Contents	Reading Assignments	Teaching Methods
3 Cardiovascular System	Demonstrate the recording of an EKG using a monitor and EKG machine. Demonstrate use of telemetry equipment showing proper care of both mobile and stationary machines.	G. Principles of recording an EKG 1. Homebase (twelve lead with EKG) 2. Mobile (lead two) 3. Problems and Artifacts H. Use of Telemetry Equipment 1. Proper care of equipment a. Mobile b. Emergency Department		Demonstration EKG machine Monitor
4 Cardiovascular System	Recognize arrhythmias originating from the sinus node. Differentiate between normal sinus rhythm, sinus tachycardia, sinus bradycardia, sinus arrhythmia, sinus arrest, and wandering pacemaker.	I. Normal and Abnormal EKG's A. Arrhythmias originating from the Sinus Node. a. Normal sinus rhythm b. Sinus tachycardia c. Sinus bradycardia d. Sinus arrhythmia e. Sinus arrest f. Wandering pacemaker		

sson/Subject	Objectives	Contents	Reading Assignments	Teaching Methods
5 Cardiovascular System	Recognize arrhythmias originating in the atria. Differentiate between premature atrial contractions, paroxysmal atrial tachycardia, atrial flutter and atrial fibrillation.	B. Arrhythmias originating in the Atria 1. Premature atrial contractions 2. Paroxysmal atrial tachycardia 3. Atrial flutter 4. Atrial fibrillation	Huszar, R.J. pp. 134-141 Sproul & Mullanney pp. 300-307	Texas Slides #113-136 Heart Model Arrhythmia Simulator
6 Cardiovascular System	Recognize arrhythmias originating from the A-V Node or A-V Junction.	C. Arrhythmias originating from the A-V Node or A-V Junction 1. Premature nodal junctional contractions 2. Nodal or junctional rhythm 3. Nodal tachycardia 4. First degree heart block 5. Second degree heart block 6. Third degree heart block	Huszar, R.J. pp. 142-157 Sproul & Mullanney pp. 307-308	Texas Slides #137-159 Heart Model Arrhythmia Simulator

Lesson/Subject	Objectives	Contents	Reading Assignments	Teaching Methods
#7 Cardiovascular System	Recognize arrhythmias originating in the ventricles. Describe appropriate therapeutic interventions of PVC's, Ventricular tachycardia, Ventricular fibrillation, Standstill and Idioventricular rhythms.	D. Arrhythmias originating in the Ventricles 1. Premature ventricular contractions 2. Ventricular tachycardia 3. Ventricular fibrillation 4. Ventricular standstill 5. Idioventricular rhythm	Huszar, R.J. pp. 158-163 Sproul & Mullanney pp. 308-314	Texas Slides #160-184 Heart Model Arrhythmia Simulator
#8 Cardiovascular System		Review of arrhythmias		Texas Slides Rhythm Strip
#9 Cardiovascular System		Review of assigned rhythm strips I		Rhythm Strip
#10 Cardiovascular System		Review of assigned rhythm strips II		Rhythm Strip

sson/Subject	Objectives	Contents	Reading Assignments	Teaching Methods
11 Cardiovascular System	Demonstrate use of monitor showing placement of leads for 12 lead EKG and lead II.	J. Use of monitor and defibrillator	Huszar, R.J. Chapter 17	
	Demonstrate use of defibrillator and describe indications, principles and techniques for defibrillation.	1. Normal monitoring versus EKG techniques. a. Lead II 2. Defibrillation a. Principles b. Indications c. Techniques d. Review of equipment and hazards		EKG Machine Demonstration with Defibrillator
	Demonstrate, with student-partner, the recording of a 12 lead EKG.	K. Practice in recording the EKG		Return Demonstration with EKG Machine

Lesson/Subject	Objectives	Contents	Reading Assignments	Teaching Methods
#12 Respiratory System	At the completion of this unit, the student must be able to demonstrate the following behaviors:	IV. Respiratory System	Huszar, R.J. Chapter 1 p. 23	
	Label major respiratory structures within the thoracic cavity, neck and head.	A. Anatomy of respiratory system 1. Structures within thoracic cavity, neck and head.	Wonderful Human Machine Part V	Schematic Drawing
	Describe the physiology of respiration including alveolar ventilation, diffusion and perfusion.	B. Physiology of respiratory system 1. Alveolar Ventilation 2. Diffusion 3. Perfusion		
	Describe indications for, and proper techniques of suctioning.	C. Equipment used in respiratory emergencies 1. Suctioning a. Principles b. Indications c. Techniques	Sproul & Mullanney Chapter 21 Handout–Suctioning the Respiratory Tract	Demonstration with Suction Machine
	List the indications for giving oxygen and describe the correct procedures and precautions for portable and stationary or wall oxygen.	2. Oxygen a. Principles b. Indications c. Portable versus stationary		

sson/Subject	Objectives	Contents	Reading Assignments	Teaching Methods
13 Respiratory System	Demonstrate the procedures of: Endotracheal intubation-describing indications, principles and hazards.	D. Emergency Support of Airway 1. Endotracheal intubation a. Theory and Principles b. Indications for use c. Step by step procedures d. Hazards e. Practice	Sproul & Mullanney pp. 286-290, 328-329	Film Demonstration and Return Demonstration with Intubation Model
14 Respiratory System	Demonstrate mouth to mouth, oral airway, and bag-mask Demonstrate the insertion of a nasogastric tube and describe principles, indications and hazards.	2. Other airway methods a. Indications b. Theory and Principles c. Hazards 1) Mouth to Mouth 2) Oral airway 3) Bag-Mask 4) Tracheostomy 5) Cricothyroidotomy E. Nasogastric Suction 1. Theory and Principles 2. Indications 3. Step by step procedures 4. Hazards	Sproul & Mullanney pp. 240-241, 280-290	Demonstration and return Demonstration Ambu bag Oral Airway Film on Tracheostomy Nasogastric Machine Demonstration and return demonstration.
15 Respiratory System		F. Cardiovascular and Respiratory System Written Examination		

Lesson/Subject	Objectives	Contents	Reading Assignments	Teaching Methods
16 Pharmacology	At the completion of the unit, the student must be able to demonstrate the following behaviors:	V. Pharmacology		
	Recognize generic names and trade names of drugs.	A. Aspects of Drug Therapy 1. Names of drugs a. Generic versus trade name		
	Define dosage forms of pharmaceutical preparations including capsules, tablets, ampules, vials and suppositories.	2. Definitions of pharmaceutical preparations a. Dosage forms 1) Capsules 2) Tablets 3) Ampules 4) Vials 5) Suppositories		
	Identify sites of actions of drugs.	B. Action of Drugs 1. Sites of Action a. Local b. Systemic		
	Relate terminology describing nature of drug actions.	2. Terms to describe nature of drug action a. Therapeutic b. Antagonistic c. Cumulative Effect d. Addictive e. Habituative f. Hypersensitivity		
	List 6 factors influencing action of drugs.	3. Factors influencing action of drugs a. Age b. Condition c. Dosage 1) Minimal 2) Maximal 3) Toxic 4) Lethal d. Absorption e. Distribution f. Elimination		

Lesson/Subject	Objectives	Contents	Reading Assignments	Teaching Methods
#16 Pharmacology (cont'd)		4. Important considerations in dosages a. Interpretation of Physician orders b. Precision of computation c. Patient history 1. Allergies 2. Prior medications 3. Physical problems		
#17 Pharmacology	Demonstrate computation and conversion of dosages.	C. Conversion and computation of dosages. 1. Rules of conversion 2. Conversion tables a. metric b. apothocaries		Conversion Tables
#18 Pharmacology	Demonstrate methods and procedures of administration of drugs including subcutaneous, intradermal, intramuscular and intravenous using IV arm and IM-Hip	D. Routes and Methods of Administrations 1. Principles and techniques of injectable medications a. Subcutaneous b. Intramuscular c. Intradermal d. Intravenous 2. Other Routes a. Oral b. Topical c. Rectal d. Sublingual		IM-Hip IV Arm Vials Ampules Syringes Needles

Lesson/Subject	Objectives	Contents	Reading Assignments	Teaching Methods
#19 Pharmacology	List actions, indications, routes of administration and side effect of:	E. Drugs in emergency situations	Huszar, R.J. Chapter 13	
	Eight Antiarrhythmic Drugs	1. Antiarrhythmic agents a. Xylocaine (Lidocaine) b. Diphenylhydantoin (Dilantin) c. Atropine d. Procainamide (Pronestyl) e. Quinidine		
	Three Vasopressors	2. Vasopressors (hypotension and shock) a. Levarteranol (Levophed) b. Metaraminol (Aramine) c. Adrenalin (Epinephrine)		
	One Alkalyzing Drug	3. Alkalyzing Agents a. Sodium Bicarbonate		
#20 Pharmacology	List actions, indications, routes of administration and side effects of steroids, diuretics and other critical durgs.	4. Steroids a. Corticosteroids 5. Diuretics a. Furosemide (lasix) 6. Other Drugs a. Calcium Chloride b. Diazepam (Valium) c. Morphine Sulfate d. Heparin e. Benadryl f. Aminophylline g. 50% Dextrose	Huszar, R.J. Chapter 13	

Lesson/Subject	Objectives	Contents	Reading Assignments	Teaching Methods
#21 Pharmacology	Demonstrate proficiency in proper techniques of administration of intravenous fluids including selection of correct fluids and catheters.	F. Intravenous fluid therapy 1. Theory 2. Anatomy 3. Proper administration techniques 4. Indications 5. Types of fluids a. D_5W b. Crystalloids c. Colloids d. Blood G. Pharmacology written examination	Huszar, R.J. Chapter 12	Demonstration and Return Demonstration Intravenous Set up
Cardiopulmonary Practical	Cardiopulmonary Practical The student will work with patients and will demonstrate the following: Techniques of taking vital signs Suctioning Techniques Interpretation of arrhythmias. Administration of IV's and parenteral medications. Placement of nasogastric tube. CPR and defibrillation if situation permits.	VI. Cardiopulmonary Practical in CCU		

sson/Subject	Objectives	Contents	Reading Assignments	Teaching Methods
22 Medical Emergencies	At the completion of this unit, the student must be able to demonstrate the following behaviors: Describe symptoms and therapy of cardiopulmonary pathologies including: Angina pectoris Acute myocardial infarction Congestive heart failure Given a situation, describe symptoms and possible therapeutic interventions.	VII. Medical Emergencies 1. Angina pectoris a. Definition b. Symptoms c. Therapy 2. Acute myocardial infarction a. Etiology and Incidence b. Definition and assessment c. Assessments d. Symptoms e. Treatment 3. Congestive heart failure a. Definition b. Symptoms c. Assessment d. Therapy 1) Drug 2) Ventilatory aspects	Huszar, R.J. Chapter 2 Huszar, R.J. Chapter 3-5 Sproul & Mullanney pp. 295-297 Huszar, R.J. Chapter 9	

Lesson/Subject	Objectives	Contents	Reading Assignments	Teaching Methods
#23 Medical Emergencies	Describe symptoms and primary therapy of: Chronic Obstructive Pulmonary Disease (COPD)	4. Chronic obstructive pulmonary disease a. Definition b. Symptoms c. Assessment d. Therapy	Sproul & Mullanney pp. 283-284	
	Asthma	5. Asthma a. Definition b. Symptoms c. Assessment d. Therapy	Sproul & Mullanney pp. 367-368	
	Describe symptoms and therapy of other medical emergencies including:	B. Other Medical Emergencies		
	Diabetes	1. Diabetes a. Complications 1) Diabetic coma 2) Insulin shock 3) Therapy a) IV Dextrose	Sproul & Mullanney pp. 62-66	
#24 Medical Emergencies	Identify causes and describe treatment of seizures.	2. Convulsions - seizures a. Assessment b. Causes c. Treatment	Sproul & Mullanney pp. 106-108	
	Differentiate signs, symptoms and related treatment of unconscious patients.	3. Unconscious Patient a. History taking at scene 1) Family, friends b. Classification of mental status c. Stagings of coma 1) Airway maintenance 2) Respiratory patterns	Sproul & Mullanney Chapter 8	

sson/Subject	Objectives	Contents	Reading Assignments	Teaching Methods
24 Medical Emergencies		d. Signs and Symptoms 1) Pupillary 2) Facial signs 3) Eyelid tone 4) Significance of dolls' eyes 5) Caloric vestibular stimulation 6) Odor of breath 7) Skin 8) Motor System 9) Posture		
	List 7 possible causes of coma	e. Causes of coma 1) Alcoholism 2) Intracranial diseases 3) Electrolyte imbalances 4) Trauma 5) Convulsions 6) Drug intoxication 7) Diabetes	Sproul & Mullanney Chapter 8 Handout - "Coma"	
		f. Initial treatment of patient in coma 1) Positioning a) Airway 2) History		
	Identify priorities of care of patient with overdose	4. Drug Overdose a. Assessment b. Immediate care c. Date gathering d. Treatment 1) Ipecac 2) Lavage 3) Intravenous therapy a) Narcan e. Emotional considerations	Sproul & Mullanney Chapter 13	

Lesson/Subject	Objectives	Contents	Reading Assignments	Teaching Methods
#25 Medical Emergencies	Identify interventions in care of psychiatric patients.	5. Psychiatric Emergencies a. Interaction with: 1) Grief 2) Hysteria 3) Catonia 4) Depression 5) Violence a) Use of restraints	Sproul & Mullanney Chapter 9	
	Identify needs and appropriate behaviors regarding the dead or dying patient.	6. The Dead and Dying Patients a. Emotional aspects of: 1) Patient 2) Family 3) Emergency Personnel		
	Differentiate causes, assessment and treatment of pediatric patients with convulsions, respiratory and abdominal problems.	7. Pediatric Emergencies a. Convulsions 1) Causes 2) Assessment 3) Treatment a) Fever b) Epilepsy b. Respiratory Emergencies 1) Causes 2) Assessment 3) Treatment a) Croup b) Laryngotracheal Bronchitis c) Asthma d) Airway Obstruction c. Abdominal Emergencies 1) Causes 2) Assessment 3) Treatment a) Obstruction b) Severe Diarrhea	Sproul & Mullanney Chapter 26	
		C. Medical Written Examination		

Lesson/Subject	Objectives	Contents	Reading Assignments	Teaching Methods
#26 Surgical Emergencies	At the completion of this unit, the student must be able to demonstrate the following behaviors:	VIII. Surgical Emergencies		
	Describe causes of head injuries and neurological assessment for patients with head trauma.	A. Head Injuries 1. Neurological Assessment a. Causes resulting from trauma 1) Subdural hematoma 2) Epidural hematoma 3) Cerebral concussion	Sproul & Mullanney Chapter 16 Committee on Trauma Chapter 8 Committee on Trauma Chapter 9	
	Describe patients with spinal cord injury and principles of extrication	B. Spinal Cord Injuries 1. Assessment 2. Principles of Extrication 3. Priorities of Systems		
	Define shock and differentiate types. Describe path-physiology and definitive treatment of shock.	C. Shock 1. Definitions and Pathophysiology a. Neurogenic b. Hemorrhagic c. Cardiogenic d. Septic e. Anaphylactic f. Respiratory g. Psychogenic h. Metabolic 2. Definitive Treatments 3. Fluid Replacement 4. Maintenance of Ventilation 5. Maintenance of Perfusion a. G-Suit b. Military Anti-shock trousers	Committee on Trauma Chapter 3 Sproul & Mullanney Chapter 5 Huszar, R.J. Chapter 10	
	Describe signs, symptoms and treatment of patients with blunt and penetrating trauma to the abdomen.	D. Abdominal Injuries 1. Assessment 2. Signs and Symptoms 3. Treatment a) Blunt Trauma b) Penetrating Wounds	Sproul & Mullanney Chapter 24 Committee on Trauma Chapter 13	

Lesson/Subject	Objectives	Contents	Reading Assignments	Teaching Methods
#27 Surgical Emergencies	Describe signs and symptoms of chest trauma.	E. Chest Injuries 1. Assessment of Injuries a. Signs and Symptoms 1) Dyspnea 2) Failure of chest to expand 3) Hemoptysis 4) Shock b. Treatments		
	Define types of chest injuries including: Rib Fractures Flail Chest Sternal Fractures Pneumothorax	2. Types a. Blunt and Penetrating trauma 1) Rib Fractures 2) Flail Chest 3) Sternal Fractures 4) Pneumothorax a) Open b) Tension 1. Mediastinal Shift 2. Tracheal Deviation 3. Subcutaneous Emphysema b. Signs and Symptoms c. Treatment 3. Pericardial tamponade a. Signs and Symptoms b. Treatment	Sproul & Mullanney Chapter 20 Committee on Trauma Chapter 12.	

Lesson/Subject	Objectives	Contents	Reading Assignments	Teaching Methods
#28 Surgical Emergencies	List types and degrees of burns and differentiate between heat exhaustion and stroke.	F. Burn Injuries 1. Pathophysiology 2. Assessment 3. Estimate of degree a. Rule of nines 4. Types and degree of burns a. Heat, chemical, electrical b. First through fourth degree 5. Immediate care and priority setting a. Airway b. Estimate fluid loss-replacement 1) Maintenance of Circulating volume c. Pain control 6. Heat exhaustion vs. heat stroke a. Causes b. Signs and symptoms c. Treatment	Sproul & Mullanney Chapter 12 Committee on Trauma Chapter 6	DHEW Film on Burns
	Identify major anatomical structures of the face and neck.	G. Facial and Neck Injuries 1. Anatomy of face and neck 2. Causes of injuries a. Impaled objects b. Lacerations c. Blunt trauma 3. Treatment and Considerations a. Airway maintenance b. Related respiratory problems 1) Suctioning methods 2) Positioning 3) Treatment	Sproul & Mullanney Chapters 17, 18, 19 Committee on Trauma Chapters 10 & 11	

Lesson/Subject	Objectives	Contents	Reading Assignments	Teaching Methods
#28 Surgical Emergencies (cont'd)		H. Obstetrical-Gynecological Emergencies 1. Abnormal childbirth 2. Complications of Pregnancy a. Abortion 1) Spontaneous 2) Threatened 3) Inevitable 4) Criminal b. Placental Emergencies 1) Previa 2) Abruptio c. Ruptured Ectopic Pregnancy d. Trauma 3. Immediate Care of the Newborn a. Principles 1) Airway 2) Body Heat 3) Care of Cord	Sproul & Mullanney Chapter 25	
	Describe signs, symptoms and treatment of the care of patients with abortion, placenta previa, placenta abruptio and ruptured ectopic pregnancy.			Complications of Pregnancy Film
	Describe immediate care of the newborn.			
	Identify major anatomic structures of peripheral nerves and vessels.	I. Peripheral Vascular Injuries 1. Anatomy and physiology of peripheral vascular structures 2. Assessment of Injuries a. Compromise of vascular integrity b. Compromise of neurological integrity 3. Definitive treatment	Sproul & Mullanney Chapter 11 Committee on Trauma Chapter 18-19	
		J. Surgical Emergencies Written Examination		

Lesson/Subject	Objectives	Contents	Reading Assignments	Teaching Methods
Unit IX Clinical Instruction 2 Hours	IX. Clinical Instruction Demonstrate proper aseptic techniques, assembling of equipment and perform 3 correct procedures in establishment of an IV. Demonstrate ability to calculate rates of flow and addition of medications to the fluids.	IX. Clinical Instruction with Demonstration by Students. Demonstrate by Students: A. Intravenous Fluid Administration 1. Angiocath or butterfly techniques 2. Preparation of Intravenous equipment. 3. Calculation of rates of flow 4. Aseptic techniques 5. Including piggy back fluids with medications		
2 Hours	Demonstrate expertise in application of cardiopulmonary resuscitation.	B. Cardiopulmonary Resuscitation Review 1. Review and practice of proper methods of external cardiac massage and mouth to mouth ventilation, using Ambu-Simulator.		
6 Hours	Demonstrate ability to interpret arrhythmias correctly and defibrillate using proper and safe technique.	C. Arrhythmia interpretation and Defibrillation. 1. Practice with arrhythmia simulator interpreting arrhythmias and defibrillation.		

Lesson/Subject	Objectives	Contents	Reading Assignments	Teaching Methods
IX. Clinical Instruction (cont'd) 6 Hours	Demonstrate dosage calculations drawing up of medications and administering by intramuscular subcutaneous and intravenous routes.	D. Parenteral Injections 1. Calculation of dosage 2. Drawing up and mixing medications 3. Administration by intramuscular, subcutaneous and intravenous routes using IV-Arm, IM-Hip and patients.		
8 Hours	Demonstrate proper technique and perform 3 correct procedures of insertion of endotracheal tube with intubation model or anesthetized patients	E. Endotracheal intubation 1. Perform procedure with intubation model or anesthetized patients in O.R.		
2 Hours	Demonstrate procedure of insertion of nasogastric tube for purposes of aspirating the stomach.	F. Nasogastric Suction 1. Practice insertion of nasogastric tube with other students.		
2 Hours	Demonstrate proper technique of pharyngeal and tracheal suctioning and describe principles, indications and hazards.	G Pharyngeal and Tracheal Suctioning 1. Practice in setting up of equipment and demonstration of proper techniques.		

CRITICAL CARE NURSING COURSE
Missouri Regional Medical Program
St. Joseph Hospital
St. Joseph, Missouri

OVERVIEW AND PURPOSE

The Missouri Regional Medical Program critical care course at St. Joseph Hospital, St. Joseph, Missouri is designed to provide instruction of specialized nursing skills in trauma and coronary care nursing for the registered and licensed practical nurse. This course is a four week course which will be presented in two sessions of two weeks each. There will be an interval of three weeks between the two sessions during which time the students will return to their home base health care agencies and use those skills already obtained. At the end of this interval the students will return to St. Joseph Hospital for the final two weeks of instruction at which time any problems encountered will be discussed.

After course completion, in order to become a skillful practioner in trauma and coronary care nursing, a participant will require additional experience with supervision, consultation and/or continuing education.

GOALS

To assist the nurse in gaining an understanding of the problems of caring for the emergency patient, including disease manifestations and their physiological and psychosocial bases, appropriate critical therapies and nursing actions.

To assist the nurse in integrating basic knowledge from nursing and other sciences for effective clinical applications, in the critical care setting.

To provide a program which will assist the nurse in becoming an informed collaborative worker capable of rendering maximum care to the individual with a cardiovascular or traumatic caused disease (critical diseases).

OBJECTIVES

The nurse completing the Missouri Regional Medical Program Critical Care Course at St. Joseph Hospital, St. Joseph, Missouri will be able to:

IN GENERAL CRITICAL CARE

I. Take an organized health history with emphasis on the presenting problem and accurately record it.

II. Utilize auscultation, palpation, inspection and percussion in the performance of a physical examination.

III. Utilize knowledge of normal anatomy and physiology in the performance of a physical examination.

IV. Distinguish between normal and grossly abnormal body function.

V. By use of an interview and observation perform a mental assessment.

VI. By physical examination and interview, assess (triage) emergency patients.

VII. By performance in simulated clinical situations, demonstrate the ability to identify, set priorities and initiate appropriate nursing action for the following emergencies:
   a. Minor Trauma (e.g. minor wounds, etc.)
   b. Major Trauma (e.g. neurological injuries, burns, fractures, etc.)
   c. Medical Emergencies (e.g. Diabetes, stroke, cardiac, etc.)
   d. Pediatric Emergencies
   e. Psychiatric Emergencies (e.g. Emotionally Disturbed, Psychotic, etc.)
   f. Multisystem Injuries
   g. Emergency Department Nursing During a Disaster

III. By physiological monitoring, identify variance in the condition of an emergency patient.

IX. Perform the following emergency procedures:
   a. Intubation
   b. Arterial Stick
   c. Apply a Hare Splint
   d. Cardiopulmonary Resuscitation

X. By discussion and analysis of case presentations and performance of clinical assignments, demonstrate awareness of the interrelationship between the patient's physiological and psychological self.

XI. By correctly answering 60% of the questions of an objective paper-pencil test, demonstrate knowledge of the psycho-social and ethical-legal aspects of emergency care.

XII. By response in simulated emergencies, identify, select and use appropriate resources in administering to an emergency victim.

XIII. By performance of clinical assignments, demonstrate the ability to function as an emergency team member.

XIV. By performance of clinical assignments, demonstrate the ability to use the written and spoken work to communicate a patient's needs, care and disposition.
   a. With physicians
   b. With other team members
   c. With the patient
   d. With the patient's family
   e. With other hospital departments

XV. Identify the physiological effects of common emergency drugs (e.g. Bronchodilators, vasoconstrictors, vasodilators, opiates, etc.).

XVI. Utilize knowledge of medication and rules for safe administration in the administration of emergency drugs.

XVII. Demonstrate a working knowledge of the operation, use and care of emergency equipment.

XVIII. Utilize knowledge of cardiopulmonary anatomy and physiology in assessing and monitoring the patient with a cardiac problem.

XIX. Explain the inter-related effects of normal and pathological cardiovascular physiology on related systems.

I. Identify and explain the etiological factors that predispose a person to cardiovascular disease.

II. Utilize basic concepts of electrocardiography in mechanically monitoring the cardiac patient.

III. Identify on electrocardiographic strips the following arrhythmias:
   a. atrial
   b. ventricular
   c. atrioventricular-junctional

IV. By clinical performance, demonstrate the skill to set-up and operate:
   a. cardiac monitors
   b. Central Venous Pressure (CVP) Equipment
   c. Defibrillators

V. Identify and specify correction of electrical hazards in the use of cardiac and related mechanical equipment.

VI. By performance in a structured laboratory setting, demonstrate the ability to listen for and identify deviations from normal cardiac and lung sounds and explain the cause for:
   a. S_1, S_2, S_3, S_4
   b. Friction Rub
   c. Rales
   d. Ronchi
   e. Areas of [illegible]nsity
   f. Secretions

VII. Design and implement a plan of nursing care for the patient with:
   a. A Myocardial Infarction
   b. Congestive Heart Failure

VIII. Identify the priorities for nursing action based on a presented cardiovascular problem.

IX. Monitor variance in the condition of a patient by reading and interpreting the following laboratory reports:
   a. Arterial Blood Gases
   b. WBC
   c. Enzyme Studies
   d. Hemaglobin/Hematocrit
   e. Electrolytes

X. By clinical performance and written assignments, identify and explain common complications of the cardiac patient which include:
   a. Arrhythmias
   b. Congestive Heart Failure
   c. Pulnomary Edema
   d. Cardiogenic Shock
   e. Cardiac Tamponade
   f. Pulmonary Embolis

XI. Identify and explain how the following cardiac related drugs affect cardiovascular function:
   a. Positive inotropic drugs
   b. Negative inotropic drugs
   c. Antiarrhythmic drugs
   d. Vasotherapeutics
   e. Chronotropic
   f. Diuretics

XXXI. Evaluate the need for and initiate definitive therapy for a patient needing a pacemaker.

XXXII. Recognize types of cardiac rhythms and heart blocks that require insertion of a pacemaker.

XXXIII. Recognize and be able to iniciate definitive treatment for the four different types of shock.

1. Anaplylactic
2. Cardiogenic
3. Hypovolemic
4. Septic

CRITICAL CARE NURSING COURSE

MISSOURI REGIONAL MEDICAL PROGRAM

ST. JOSEPH HOSPITAL
ST. JOSEPH, MISSOURI

CURRICULUM

COURSE CONTENT	TEACHING METHOD	OBJECTIVES	EVALUATION
I. Review of Anatomy and Physiology of Human Body. A. Anatomy 1. Skeletal System 2. Heart a. Chambers b. Valves c. Conduction 3. Pulmonary a. Tracheobronchial Tree b. Lungs 4. Circulatory a. Venous b. Arterial 5. Brain and Nerves	I. Lectures A. Physicians B. Nurses II. Handouts on Anatomy and Physiology. III. Skeleton Cadaver IV. Heart Model V. Heart Charts and Handouts VI. Lung Model VII. Lung Charts and Handouts VIII. Slides and Tape on Anatomy and Physiology of Heart from Heart Association.	III. Utilize knowledge of normal anatomy and physiology in the performance of a physical examination.	I. Pretest II. Quizs III. Clinical Evaluation IV. Written Assignment V. Unit Test

CRITICAL CARE NURSING COURSE

MISSOURI REGIONAL MEDICAL PROGRAM

ST. JOSEPH HOSPITAL
ST. JOSEPH, MISSOURI

CURRICULUM

COURSE CONTENT	TEACHING METHOD	OBJECTIVES	EVALUATION
B. Physiology			
1. Skeletal Muscles a. Origin b. Insertion c. Muscle Fibers			
2. Action Potential a. All or None b. Starlings Law			
3. Circulatory or Cardiac Cycle	IX. Dissection of Beef Heart X. Charts and Handouts on Circulatory System XI. Charts and Handouts on Arteries to Brain		
4. Respiratory a. Gas Exchange b. Mechanisms of Respiration	XII. Reading Assignment in Text		
5. Nervous System a. Sympathetic b. Parasympathetic	XIII. Clinical Assignments.		

CRITICAL CARE NURSING COURSE

MISSOURI REGIONAL MEDICAL PROGRAM

ST. JOSEPH HOSPITAL
ST. JOSEPH, MISSOURI

CURRICULUM

COURSE CONTENT	TEACHING METHOD	OBJECTIVES	EVALUATION
I. Pathology A. Etiology (acquired) 1. Physiological response of: 2. Pathology of: 3. Risk Factors Pertaining to: a. Diabetes b. COPD c. CHF d. AMI B. Major Disease Entities 1. Hemodynamics 2. Complications	I. Lectures A. Pathologist B. Nurse II. Charts A. Lungs B. Heart III. Reading Assignments Text: IV. Rocom Audio Tape # 1 "Coronary Heart Disease" (11 minutes) V. Handout Topic: VI. Showing of Lab Finding of Heart with Coronary Artery Disease and other Human Structures.	XX. Identify and explain the etiological factors that predispose a person to cardiovascular disease. XXI. Utilize basic concepts of electrocardiography in mechanically monitoring the cardiac patient.	I. Quizs II. Unit Exam

CRITICAL CARE NURSING COURSE

MISSOURI REGIONAL MEDICAL PROGRAM

ST. JOSEPH HOSPITAL
ST. JOSEPH, MISSOURI

CURRICULUM

COURSE CONTENT	TEACHING METHOD	OBJECTIVES	EVALUATION
III. Diagnosis and Evaluation of the Emergency Department Patient. A. Assessment 1. History a. Physical b. Psychological c. Social d. Economic e. Presenting Problem	I. Lecture by Physician II. Hand out on: A. Physical Exam B. History Form III. Rocom-Audio Tape # 7 "Interviewing Techniques" (7 minutes)	I. Take an organized health history with emphasis on the presenting problem and accurately record it. V. By use of an interview and observation perform a mental assessment. X. By discussion and analysis of case presentations and performance of clinical assignments, demonstrate awareness of the inter-relationship between the patient's physiological and psychological self. XII. By response in simulated emergencies, identify, select and use appropriate resources in administering to an emergency victim. XIII. By performance of clinical assignments, demonstrate the ability to function as an emergency team member.	I. Quizs

CRITICAL CARE NURSING COURSE

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ST. JOSEPH HOSPITAL
ST. JOSEPH, MISSOURI

CURRICULUM

COURSE CONTENT	TEACHING METHOD	OBJECTIVES	EVALUATION
Cont'd Unit III. 2. Physical Examination a. Auscultation b. Palpation c. Inspection d. Percussion e. Normal Vital Signs Abnormal findings of each.	IV. Demonstration on Physical Exam by Physician or Nurse V. Tape: Heart Sounds and Auscultation ACCEL (1 Hour) VI. Tape: Lung Sounds	II. Utilize auscultation, palpation, inspection and percussion in the performance of a physical examination. III. Utilize knowledge of normal anatomy and physiology in the performance of a physical examination. IV. Distinguish between normal and grossly abnormal body function. XXV. By performance in a structured laboratory setting, demonstrate the ability to listen for and identify deviations from normal cardiac and lung sounds and explain the cause for: a. S_1, S_2, S_3, S_4 b. Friction Rub c. Rales d. Ronchi e. Areas of Density f. Secretions	II. Return Demonstration of Physical Exam III. Quiz of Heart Sounds IV. Quiz of Lung Sounds

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COURSE CONTENT	TEACHING METHOD	OBJECTIVES	EVALUATION
Cont'd Unit III 3. Laboratory Tests a. SMA-12 b. Enzymes c. Electrolytes d. CBC e. Blood Gases 1. Arterial Stick 2. Venous Stick f. Normal versus abnormal findings of each.	VII. Lecture on Lab Test VIII. Rocom-Film Strip # 29 The Diagnosis of MI, Electrocardiography...Enzyme Studies (13¼ minutes) IX. Rocom-Medical Skills Library. Film-Arterial Puncture	IX. b. Arterial Stick XXVIII. Monitor variance in the condition of a patient by reading and interpreting the following laboratory reports: a. Arterial Blood Gases b. WBC c. Enzyme Studies d. Hemaglobin/Hematocrit. e. Electrolytes	V. Interpret Lab Values VI. Clinical Demonstration in Arterial Puncture VII. Interpret ABG Findings
4. X-rays	X. Rocom Filmstrip # 18 Chest X-rays, Rational Technique Time - 6¼ Minutes		

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COURSE CONTENT	TEACHING METHOD	OBJECTIVES	EVALUATION
Cont'd Unit III. B. Set Priorities and Implement Care 1. Triage a. High Priority Patients b. Second Priority Patients c. Low Priority Patients	XII. Lecture on Triage Nurse	VI. By physical examination and interview, assess (triage) emergency patients.	VIII. Quiz on Situational Triage.
2. Communication a. Organization b. Interpersonal Aspects c. Charting	XIII. Film Strip and Tape by Brady Title: Patient Flow in E.R. XIV. Rocom-Audio Tape # 8 The Nursing Report 8 Minutes	XIV. By performance of clinical assignments, demonstrate the ability to use the written and spoken work to communicate a patient's needs, care and disposition. a. With physicians b. With other team members c. With the patient d. With the patient's family e. With other hospital departments.	

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COURSE CONTENT	TEACHING METHOD	OBJECTIVES	EVALUATION
3. Action a. Types of Pain b. Control of Pain 1. Positioning 2. Medications c. Airway Control 1. Obstruction 2. Endotracheal Entubation 3. Hemlich Method d. Control of Bleeding.	XV. Lecture by Nurse XVI. Film Strip and Tape by Brady - "Care of the Patient with Multiple Injuries" XVII. Heart Association Film "Breathe of Life" XVIII. Demonstration-Mouth-to-Mouth Resuscitation XIX. Rocom-Medical Skills Library Film-"Endotracheal Entubation" XX. Hand out on Endotracheal Entubation XXI. Entubation Demonstration on Manikin. XXII. Pressure Points	VIII. By physiological monitoring, identify variance in the condition of an emergency patient. IX. Perform the following emergency measures: a. Intubation	IX. Return Demonstration in Mock Code Blue X. Return Demonstration on Intubation Manikin. XI. Quiz on Pressure Points

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COURSE CONTENT	TEACHING METHOD	OBJECTIVES	EVALUATION
C. Disaster Nursing 1. Treatment in Natural Disaster. a. Earthquake b. Flood c. Fire d. Severe Weather Condition. 2. Treatment in Man-made Disasters a. Civil Disturbances b. Fires c. Explosions d. Transportation e. Nuclear Disaster	XXII. Lecture by Nurse Coordinator of Disaster Plan. Lecture by Fireman XXIII. Filmstrip and Tape by Brady "Emergency Department Nursing During Disaster"	VII. By performance in simulated clinical situations, demonstrate the ability to identify, set priorities and initiate appropriate nursing action for the following emergencies: g. Emergency Department Nursing During a Disaster.	XII. Unit Exam

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COURSE CONTENT	TEACHING METHOD	OBJECTIVES	EVALUATION
IV. Electrocardiology A. Electrophysiology 1. Muscle Potential 2. All or None Response 3. Starlings Law B. Hexaxial Reference C. Vector Planes 1. Standard Lead a. Limb Leads b. Augmented (unipolar) leads 2. Precordial Leads D. Galvonometrics 1. SA Node 2. AV Node 3. Bundle of His 4. Purkinje Fibers 5. Depolarization 6. Repolarization E. Placement of Electrodes	I. Physicians Lectures II. Nurse Lecture III. Slides and Cassette from the Heart Association. "Interpretation of Arrhythmia" IV. Tape: "Vectorelectrocardiology with Slides. V. Rocom Filmstrip # 7 "12 Lead EKG" Time 9 3/4 Minutes VI. Rocom Film # 3 "Electrocardiographic Monitoring" - Time 20 minutes VII. Rocom Filmstrip # 5 "Monitoring Problems" Time 8 minutes VIII. Read Assignment Text: IX. Handouts Topic: X. Demonstrations on Placement of Electrodes.	XXI. Utilize basic concepts of electrocardiography in mechanically monitoring the cardiac patient.	I. Quizs II. Clinical Assignment III. Unit Text

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COURSE CONTENT	TEACHING METHOD	OBJECTIVES	EVALUATION
F. Electrocardiography 1. Normal EKG a. Complex b. Rate c. Rhythm 2. Abnormal EKG	X. Slides and Tapes A. Heart Association "Interpretation of Arrhythmias" B. Marriott Slides "Anatomy of EKG" XI. Lecture by Nurse XII. Rocom Filmstrip # 6 The Format for Interpreting EKG Time 10½ Minutes XIII. Rocom Film # 4 Electrocardiography and the Arrhythmia Time 22 Minutes XIV. Interpretating EKG Strips -30 XV. Rocom Filmstrip # 8 Classification of Arrhythmias Time: 14½ Minutes	XXII. Identify on electrocardiographic strips the following arrhythmias: a. Atrial b. Ventricular c. Atrioventricular-Junctional	IV. Evaluation of EKG Strip Interpretation

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COURSE CONTENT	TEACHING METHOD	OBJECTIVES	EVALUATION
V. Diagnosis and Management of Cardiac Arrhythmias A. Basic Analysis 1. EKG Pattern 2. Laboratory Findings 3. Objective Evaluation of Patient Status	I. Lectures A. Physicians B. Nurses Review only all three have been discussed fully in Units III and IV	XXII. Identify on electrocardiographic strips the following arrhythmias: a. Atrial b. Ventricular c. Atrioventricular-junctional	I. Quiz II. Clinical Evaluation of Patient's EKG Pattern III. Test on EKG Strip Interpretation
B. Classification of Arrhythmia 1. Sinus a. Sinus Bradycardia b. Sinus Tachycardia c. Sinus Arrhythmia d. Sinus Arrest e. S-A Block	II. Handout on Arrhythmias III. Assignment in Text: Emergency Cardiac Care Chapter 8 - Diagnosis and Treatment of Arrhythmias IV. Rocom - Filmstrip # 30 A "Interpretation of Arrhythmias Originating in the SA Node" 12 minutes	XXIX. By clinical performance and written assignments, identify and explain common complications of the cardiac patient which include: a. Arrhythmias	
2. Atrial a. PAC b. Non-Conducted PAC's c. Wandering Pacemaker d. PAT e. PAT with Block f. Multifocal Atrial Tachycardia g. Atrial Flutter h. Atrial Fibrillation	V. Rocom - Film Strip # 30 B "Interpretation of Arrhythmias Originating in Atria" 13½ minutes VI. Heart Association Interpretation of Arrhythmias		
3. a. Junctional Rhythm a PJC. b Slow Junctional Rhythm c Junctional Tach	VII. Rocom Filmstrip # 30 C "Interpretation of Arrhythmias Originating in AV Junction" Time 15 ¼ minutes VIII. EKG Strip Interpretation -50		

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COURSE CONTENT	TEACHING METHOD	OBJECTIVES	EVALUATION
3. Heart Block a. 1st Degree b. 2nd Degree c. 3rd Degree 4. AV Dissociation with Interference 5. Ventricular a. PVC b. Ventricular Tach c. Bidirectional Ventricular Tach d. Accelerated Idio-Ventricular Rhythm e. Ventricular Fibrillation 6. Wolff-Parkinson-White Syndrome 7. Aberration 8. Parasystole	IX. Rocom Filmstrip # 30 D Interpretation of Arrhythmias Originating in the Ventricles Time 14½ minutes X. Rocom Filmstrip # 11 Types of Premature Ventricular Contractions and their Treatment. Time 6 3/4 minutes XI. Rocom Filmstrip # 8 - Audio Tape # 11 Warning Arrhythmias Time 8 minutes XII. Rocom Filmstrip # 9 - Audio Tape # 12 - Time 29 minutes XIII. Rocom Filmstrip # 10 The Treatment of Specific Arrhythmias - Time 7 ¼ minutes XIV. Handout on Wolff-Parkinson-White XV. Assignment in Text:		

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COURSE CONTENT	TEACHING METHOD	OBJECTIVES	EVALUATION
C. Definitive Therapy 1. Use and Effects of Following Drugs: a. Positive Inotropic Drugs b. Negative Inotropic Drugs c. Antiarrhythmic d. Vasotherapeutics e. Chronotropic f. Diuretics	XVIII. Rocom Filmstrip # 9 Drug Therapy of Arrhythmias Time: 12½ minutes XIX. Rocom Filmstrip # 22 Sympathominetic Drugs Time: 9 minutes XX. Marriott Slides Therapy in Arrhythmias Definitive Therapy XXI. Handout on Drug Therapy XXII. Rocom Filmstrip # 14 The Use of Digitalis Time: 6 minutes XXIII. Rocom Filmstrip # 17 Diuretic Therapy Time 9½ minutes XXIV. Heart Association Film "Prescription of Life"	XXX. Identify and explain how the following cardiac related drugs affect cardiovascular function: a. Positive inotropic drugs b. Negative inotropic drugs c. Antiarrhythmic drugs d. Vasotherapeutics e. Chronotropic f. Diuretics	IV. Quizs on Drug V. Clinical Application of Drug Actions

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2. Indications for and implementation of the following: a. Cardioversion b. Defibrillation	XXV. Rocom Filmstrip # 5 Interpretation of Arrhythmias and their Treatment Time 13 minutes XXVI. Rocom Filmstrip The Electrical Treatment of Arrhythmias - Precordial Shock Time 11 3/4 minutes	XXIII. By clinical performance, demonstrate the skill to set-up and operate: c. Defibrillators IX. Perform the following emergency procedures: d. Cardiopulmonary Resuscitation	VI. Quiz on Definitive Therapy VII. Return Demonstration on Ambu-Simulator VIII. Return Demonstration on Arrhythmia-Resusi-Anne IX. Evaluations of Judgement of same X. Unit Test
c. Pacemaker	XXVII. Rocom Filmstrip # 25 The Concept of Cardiac Pacing. Time 7 3/4 minutes XXVIII. Rocom Filmstrip # 26 Travenous Pacing Time 13½ minutes XXIX. Rocom Filmstrip # 27 The Nursing Role in Cardiac Pacing Time 6 minutes	XXXI. Evaluate the need for and initiate definitive therapy for a patient needing a pacemaker. XXXII. Recognize types of cardiac rhythms and heart blocks that require insertion of a pacemaker.	
d. CPR	XXX. Rocom Filmstrip # 32 Cardiopulmonary Resuscitation Time 15 minutes XXXI. History Slides on CPR from Heart Association XXXII. Demonstrations on Ambu Simulator XXXIII. Demonstrations on Arrhythmia Resusi-Anne XXXIV. Heart Association Film: Pulse of Life		

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COURSE CONTENT	TEACHING METHOD	OBJECTIVES	EVALUATION
VI. Management of the Cardiac Patient A. Assessment and Management of Pain 1. Description a. Location b. Intensity 2. Use and Effects of Drug Therapy a. Narcotics b. Analgesics c. Sedative d. Hypnotics 3. Activity Control B. Observation of EKG Changes 1. 12 Lead EKG 2. Cardiac Monitoring	I. Lectures A. Physician B. Nurse II. Rocom Filmstrip # 2 The Heart-Acute MI Time 12 minutes III. Audio Tape # 4 The Heart-Acute MI Time 10 minutes Review mostly - Discussed in Pain Management IV. Handout on Acute MI V. Reading Assignment in Texts: VI. Covered in Unit - Reviewed only at this time.	XXVI. Design and implement a plan of nursing care for the patient with: a. A Myocardial Infarction b. Congestive Heart Failure XXIII. By clinical performance demonstrate the skill to set-up and operate: a. Cardiac Monitors XXVII. Identify the priorities for nursing action based on a presented cardiovascular problem. XIX. Explain the inter-related effects of normal and pathological cardiovascular physiology on related systems. X. By discussion and analysis of case presentations and performance of clinical assignments, demonstrate awareness of the interrelationship between the patient's physiological and psychological self.	I. Review - Quizs II. Clinical Evaluation of Application of Skills. III. Return Demonstration of Running 12 Lead EKG.

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COURSE CONTENT	TEACHING METHOD	OBJECTIVES	EVALUATION
C. The Acute MI 1. Diagnostic Measures a. Enzymes b. Chest X-ray c. History d. Physical	VII. Rocom-Audio Tape # 2 - The Nursing Role in Coronary Care Time 15 minutes # 3 - The Nurse in the CCU Time 8 minutes VIII. Rocom Filmstrip # 1 The Clinical Picture of Acute MI Part I - History IX. Rocom Filmstrip # 2 The Clinical Picture of Acute MI - Part II - The Physical Exam - Time 6½ minutes X. Rocom Filmstrip # 1 Concept of Intensive Coronary Care - Time 14 minutes XI. Rocom Audio Tape # 5 The Patient in a CCU XII. Rocom Filmstrip # 6 & Audio Tape # 6 The Patient Not in Acute Distress - Admission, Care and Discharge Time 34 minutes XIII. Rocom Filmstrip # 3 The Clinical Picture of Acute Myocardial Infarction Part III - The Hospital and Convalescent Phases Time 7½ minutes XIV. Rocom Filmstrip # 4 The Clinical Picture of AMI Part 4 - The Post Convalescent Phase - Time 6¼ minutes Rocom - Audio Tape # 9-15 min.		IV. EKG Strip Interpretation Quiz (20 strips)

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COURSE CONTENT	TEACHING METHOD	OBJECTIVES	EVALUATION
2. Manifestation of MI a. EKG Changes b. Enzyme Changes c. CHF d. Cardiogenic Shock 3. Complications of MI D. Congestive Heart Failure and Pulmonary Edema 1. Diagnostic Measures 2. Hypertensive Crisis 3. Definitive Therapy	XVI. Lecture Manifestations and Complications of MI XVII. Rocom Filmstrip # 7 Congestive Heart Failure and Cardiogenic Shock XVIII. Rocom Filmstrip # 13 Treatment of Left Ventricular Heart Failure Time 8¼ minutes XIX. Rocom Filmstrip # 16 O_2 Therapy Time 6½ minutes XX. Rocom Filmstrip # 19 Cardiogenic Shock Time 6 minutes XXI. Rocom Filmstrip # 20 Treatment of Cardiogenic Shock Time 6 minutes Rocom Filmstrip Metabolic Acidosis Time 9 3/4 minutes XXII. Rocom Filmstrip # 23 Less Common Complications Following Acute Myocardial Infarction - Time: 93/4 min. XXIII. Rocom Filmstrip Anticoagulant Therapy Time 13½ minutes XXIV. Rocom Audio Tape # 10 Congestive Heart Failure and Cardiogenic Shock Time: 9 minutes	XXIX. By clinical performance and written assignments, identify and explain common complications of the cardiac patient which include: b. Congestive Heart Failure. c. Pulmonary Edema d. Cardiogenic Shock	

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COURSE CONTENT	TEACHING METHOD	OBJECTIVES	EVALUATION
E. Cardiac Tamponade 1. Assessment 2. Definitive Therapy	XXV. Lecture XXVI. Reading Assignment Text:	XXIX. By clinical performance and written assignments, identify and explain common complications of the cardiac patient which include: e. Cardiac Tamponade	V. Unit Exam

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COURSE CONTENT	TEACHING METHOD	OBJECTIVES	EVALUATION
VII. Medical and Pediatric Emergencies. A. Metabolic Emergencies 1. Clinical Findings of 2. Treatment of a. Diabetic Ketoacidosis ✓ b. Insulin Shock ✓ c. Anaphylactic Shock d. Hypovolemic Shock (include CVP) e. Septic Shock f. Cardiogenic Shock B. Respiratory 1. Clinical Finding 2. Treatment of a. Status Asmaticus b. Pneumonia 1. Types 2. Location c. Aspiration 1. Chemical 2. Foreign Body d. COPD 1. Corpulmonale 2. Pulmonary Fibrosis 3. Pulmonary Emphysema	I. Lectures A. Physicians B. Nurses II. Filmstrips and Tapes by Brady Emergency Nursing During Medical Emergencies III. Reading Assignment in Text: IV. Handout on Shock Review of Cardiogenic Shock only. V. Lectures A. Physician B. Nurses VI. Reading Assignment in Text: VII. Review Intubation VIII. Review Blood Gases IX. Lecture from Respiratory Therapist. X. Demonstrate a. MA-1 b. Emerson Volume Ventilator c. O_2 Therapy	VII. By performance in simulated clinical situations, demonstrate the ability to identify, set priorities and initiate appropriate nursing action for the following emergencies: c. Medical Emergencies (e.g. Diabetes, stroke, cardiac, etc.) f. Multisystem Injuries XV. Identify the physiological effects of common emergency drugs (e.g. Bronchodilators, vasoconstrictors, vasodilators, opiates, etc.) XVI. Utilize knowledge of medication and rules for safe administration in the administration of emergency drugs. X. By discussion and analysis of case presentations and performance of clinical assignments, demonstrate awareness of the interrelationship between the patient's physiological and psychological self.	I. Quiz on Clinical Finding. II. Quiz on Reading Assignment. III. Clinical Quiz on Intubation IV. Evaluation of Clinical Application of Knowledge Acquired in Classroom V. Return Demonstration of use of: a. MA-1 b. Emerson Volume Ventilator c. O_2 Therapy

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COURSE CONTENT	TEACHING METHOD	OBJECTIVES	EVALUATION
e. Pulmonary Emboli f. Allergic Reaction g. Hyperventilation	XI. Reading Assignment	XXXIII. Recognize and be able to initiate definitive treatment for the four different types of shock. 1. Anaplylactic 2. Cardiogenic 3. Hypovolemic 4. Septic	
C. Initial Care of Head and Spinal Injury	XII. Lecture by Physician		VI. Clinical Application of Knowledge Acquire in Classroom
1. Assessment of 2. Treatment of a. Open Head Injury b. Closed Head Injury 1. Concussion 2. Contusion 3. Decompression c. CVA - T-IA d. Convulsions e. Eye, Ear, Nose, Throat Injury	XIII Filmstrips and Tapes by Brady Care of Patient with Neurological Injuries XIV. Reading Assignment in Text: XV. Lecture on CVA and T-IA by Physician. XVI. Nurse Review Lecture on Convulsions Reading Assignment in Text: XVII. Physician Lecture on Eye, Ear Nose, Throat Injury.	XXIII. By clinical performance demonstrate the skill to set-up and operate: a. Cardiac monitors b. Central Venous Pressure (CVP) Equipment. c. Defibrillators XXIX. By clinical performance and written assignments, identify and explain common complications of the cardiac patient which include: f. Pulmonary Embolis	VII. Written Assignment on Case Evaluation
3. Evaluation of and Control of Complications. a. Level of Consciousness b. Hemorrhage c. Hypoxia d. Neurogenic Shock e. Fluid Imbalance	XVIII. Physician Lecture on Complication of Head and Spinal Injuries. XIX. Reading Assignment in Text: XX. Handout on Fluid and Electrolytes.	VII. By performance in simulated clinical situations, demonstrate the ability to identify, set priorities and initiate appropriate nursing action for the following : B. Major Trauma	VIII. Clinical Evaluation of Same.

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COURSE CONTENT	TEACHING METHOD	OBJECTIVES	EVALUATION
D. Mechanical Emergencies 1. Burn a. Types b. Evaluation c. Shock d. Electrolytes	XXI. Physician Lecture on Burns XXII. Review Fluid Balance XXIII. Handout on Burns XXIV. Handout on CVP XXV. Rocom Filmstrip # 15 Monitoring Central Venous Pressure---Technique---Theory Time 7 minutes XXVI. Rocom Medical Skills Library Naso Gastric Intubation XXVII. Reading Assignment on Burns	VII. By performance in simulated clinical situations, demonstrate the ability to identify, set priorities and initiate appropriate nursing action for the following emergencies b. Major Trauma (e.g. neurological injuries, burns, fractures, etc)	IX. Quiz on Burn
2. Heat Exposure a. Types b. Treatment 3. Cold Exposures a. Types b. Treatment	XXVIII. Lecture on Heat and Cold Exposure		X. Clinical Evaluation of Application in Emergency Department
4. Animal Contact a. Types b. Treatment 5. Foreign Body Injury a. Types b. Treatment	XXIX. Lecture on Animal Contact and Foreign Body Injury		
6. Poisoning (Drugs) a. Symptoms b. Treatment 7. Poisoning (Natural Agents) a. Symptoms b. Treatment	XXX. Lecture on Drug Poisoning and Natural Agents XXXI. Handout on Antidotes of Poisoning		

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COURSE CONTENT	TEACHING METHOD	OBJECTIVES	EVALUATION
E. Pediatric Emergencies 1. Convulsion (covered previously) a. Pediatric Considerations 2. Acute Laryngeal Tracheal Bronchitis a. Clinical Findings b. Treatment 3. Battered Child a. Clinical Findings b. Legal Considerations 4. Drug Overdose a. Clinical Findings b. Treatment 5. Respiratory Distress Syndrome a. Clinical Findings b. Treatment	XXXII. Lectures a. Pediatrician b. Nurse XXXIII. Reading Assignment in Text: XXXIV. Handout on Pediatric Drug Dosages XXXV. Handout on Precordial Shock in Infants and Small Children	VII. By performance in simulated clinical situations, demonstrate the ability to identify, set priorities and initiate appropriate nursing action for the following emergencies: d. Pediatric Emergencies	XI. Review XII. Unit Exam

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COURSE CONTENT	TEACHING METHOD	OBJECTIVES	EVALUATION
VIII. Surgical Emergencies A. Chest 1. Clinical Findings and Treatment a. Pneumothorax b. Flail Chest c. Internal Injuries d. Open Chest Wounds e. Hemothorax f. Mediastinal Injury 2. Complications	I. Lecture by Surgeon II. Reading Assignment in Text: III. Surgical Nurse Lecture	XVI. Utilize knowledge of medication and rules for safe administration in the administration of emergency drugs. XV. Identify the physiological effects of common emergency drugs (e.g. Bronchodilators, vasoconstrictors, vasodilators, opiates, etc) VII. By performance in simulated clinical situations, demonstrate the ability to identify, set priorities and initiate appropriate nursing action for the following emergencies f. Multisystem Injuries X. By discussion and analysis of case presentations and performance of clinical assignments, demonstrate awareness of the interrelationship between the patient's physiological and psychological self.	I. Quiz on Lecture and Reading Assignment. II. Quiz on Lecture
B. Abdomen 1. Clinical Findings and Treatment a. Internal Bleeding b. Penetrating Wound c. Injury to abdomen organs d. Diaphragmatic Rupture e. Aortic Involvement 2. Complications	IV. Lecture by Surgeon V. Reading Assignment in Text: VI. Tour of Surgery		

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COURSE CONTENT	TEACHING METHOD	OBJECTIVES	EVALUATION
C. Injuries to Skeletal System 1. Fractures a. Types b. Location c. Complication d. Treatment 1. Splinting 2. Hare Splint 3. Types of Traction 2. Sprains a. Definition b. Treatment 3. Strains a. Definition b. Treatment D. Traumatic Amputation 1. Reimplantation (upper extremity only) 2. Control of Hemorrhage 3. Types 4. Debridement	VII. Lecture by Orthopedic Surgeon on Fractures VIII. Reading Assignment on Fractures, Sprains, and Strains. IX. Filmstrip and Tapes by Brady Care of Patient with Fractures X. Nurse Lecture XI. Demonstration of Supportive Bandages XII. Demonstration by EMT of: A. Hare Splint Application B. Thomas Splint Application C. Cast Application	VII. By performance in simulated clinical situations, demonstrate the ability to identify, set priorities and initiate appropriate nursing action for the following emergencies: b. Major Trauma (e.g. neurological injuries, burns, fractures, etc) IX. Perform the following emergency procedures: c. Apply a Hare Splint	III. Quiz on Types of Fractures IV. Return Demonstration of Bandage Wrapping V. Return Demonstration A. Hare Splint Application B. Thomas Splint Application C. Cast Application

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COURSE CONTENT	TEACHING METHOD	OBJECTIVES	EVALUATION
E. Obstetrical and Gynecological Emergencies 1. Symptoms and Treatment of: a. Ectopic Pregnancy b. Uterine Rupture c. Abruptio Placenta d. Organ Injury 1. Internal 2. External e. Abortion f. Acute Toxemia g. Ecclampsia	XIII. Lecture by Gynecologist XIV. Film-Emergency Childbirth XV. Read Assignment on Emergency Childbirth		VI. Quiz on Emergency Childbirth
F. Management of Minor Wounds 1. Types a. Soft Tissue b. Tears c. Laceration d. Abrasion e. Contusion f. Avulsion 2. Immediate Treatment of Above	XVI. Lecture by Nurse XVII. Filmstrip and Tapes by Brady Management of Minor Wounds		VII. Clinical Application of Knowledge VIII. Unit Exam

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COURSE CONTENT	TEACHING METHOD	OBJECTIVES	EVALUATION
IX. Psychiatric Emergency 1. Presenting Symptoms of. 2. Drug Therapy for 3. Communication with a. Apparently Disturbed Patients b. Rape Victims c. Suicidal Patients d. Drug Intoxication Patients	I. Lecture by Physician II. Handout on Psychiatric Emergencies	VII. By performance in simulated clinical situations, demonstrate the ability to identify, set priorities and initiate appropriate nursing action for the following emergencies: e. Psychiatric Emergencies. X. By discussion and analysis of case presentations and performance of clinical assignments, demonstrate awareness of the interrelationship between the patient's physiological and psychological self.	I. Clinical Application II. Unit Exam

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COURSE CONTENT	TEACHING METHOD	OBJECTIVES	EVALUATION
X. Electrical Hazards and Care of Equipment used in Emergency and Coronary Care. A. General Principles 1. Electrical Currents 2. Two and Three-Wire Systems B. Grounding 1. Leakage Currents 2. Common Ground C. Design and Safety 1. Patient Isolation 2. Power Isolation D. Design and Safety E. Maintenance F. Inspection and Testing	I. Lecture on Electrical Hazards II. Handout on Electrical Hazards III. Rocom Filmstrip # 31 Electrical Hazards in CCU Time: 15 3/4 minutes	XVII. Demonstrate a working knowledge of the operation, use and care of emergency equipment. XXIV. Identify and specify correction of electrical hazards in the use of cardiac and related mechanical equipment	I. Quiz II. Clinical Application and Evaluation III. Unit Exam

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COURSE CONTENT	TEACHING METHOD	OBJECTIVES	EVALUATION
XI. Trends in Critical Care A. Ethical-Legal Aspects B. Psycho-social Aspects C. Advanced Physiological Aspects D. Research	I. Lecture A. Nurse B. Chaplain II. Discussion in new areas and equipment used in Critical Care.	XI. By correctly answering 60% of the questions of an objective paper-pencil test, demonstrate knowledge of the psycho-social and ethical-legal aspects of emergency care.	I. Unit Discussion II. Review of all Units III. Final Exam

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PATIENT ASSESSMENT

April 26, 28 - May 3 & 6

Didactic: 14 hours
Laboratory: 12 hours

Day I April 26:	8:00 - 8:30	Registration
	8:30 - 9:30	Introduction Principles of Interviewing and Data Base Anne Cochran, R.N. Instructor
	9:45 - 12:00	Assessment of Head, Face, Neck, E.E.N.T. Helen Conners, R.N. Instructor
	12:00 - 1:30	Lunch (at place of choice)
	1:30 - 4:30	Discussion of interviewing, history taking, and data base. Practice on assessment skills of head, face, neck, E.E.N.T. Pre-test and preparation for next session. Betty Downey, R.N. Instructor Anne Cochran, R.N. Instructor JoAnn Pickerel, R.N. Instructor
Day II April 28:	8:30 - 10:30	Assessment of the Cardiovascular System Dina D'Addio, R.N. Instructor
	10:45 - 12:00	Male and Female Reproductive; Breasts; Abdomen Betty Downey C.C.R.N., Instructor JoAnn Pickerel, R.N. Instructor
	12:00 - 1:30	Lunch (at place of choice)
	1:30 - 4:30	Practice on assessment skills of male genitalis, female reproductive system, breast examination and abdominal examination. Pre-test and preparation for next session Instructor: Assigned Laboratory Instructor
DAY III May 3:	8:30 - 10:00	Assessment of skin, lymphatic and skeletal systems Rose Marie Greco, R.N. Instructor
	10:15 - 12:00	Assessment of Respiratory System Ron Eggleston, ARRT Instructor
	12:00 - 1:30	Lunch (at place of choice)
	1:30 - 4:30	Practice on assessment skills of skin; lymphatic; skeletal and respiratory systems. Pre-test and preparation for next session. Instructor: Assigned Laboratory Instructor

DAY IV
May 6:

8:30 - 10:30	Assessment of the Neurological System Doris Wood R.N. Instructor
10:45 - 12:00	Assessment of Mental Status Pat Schumacher, R.N. Instructor
12:00 - 1:30	Lunch (at place of choice)
1:30 - 2:00	Review and Demonstration of Complete Physical Anne Cochran, R.N. Instructor Betty Downey, C.C.R.N. Instructor
2:00 - 4:30	Practice on assessment skills on neurological and mental status. Instructor: Assigned Laboratory Instructor

At the beginning of the first laboratory session, each R.N. student will be assigned to a laboratory instructor. The student will remain with that same instructor during all remaining laboratory sessions. The student will be required to complete the appropriate portion of the clinical guide by the end of each laboratory session.

Upon completion of the course, the laboratory instructors will be available to work with each student to enable him/her to gain additional experience and expertise in those areas needed. If warranted, it may be possible for the student to go to the agency with whom the instructor is affiliated to gain additional strengths and expertise under supervision of the laboratory instructor.

Upon completion of the course, each student will be expected to complete a nursing assessment of a patient and return to his/her laboratory instructor. Details of this will be discussed at the end of the course.